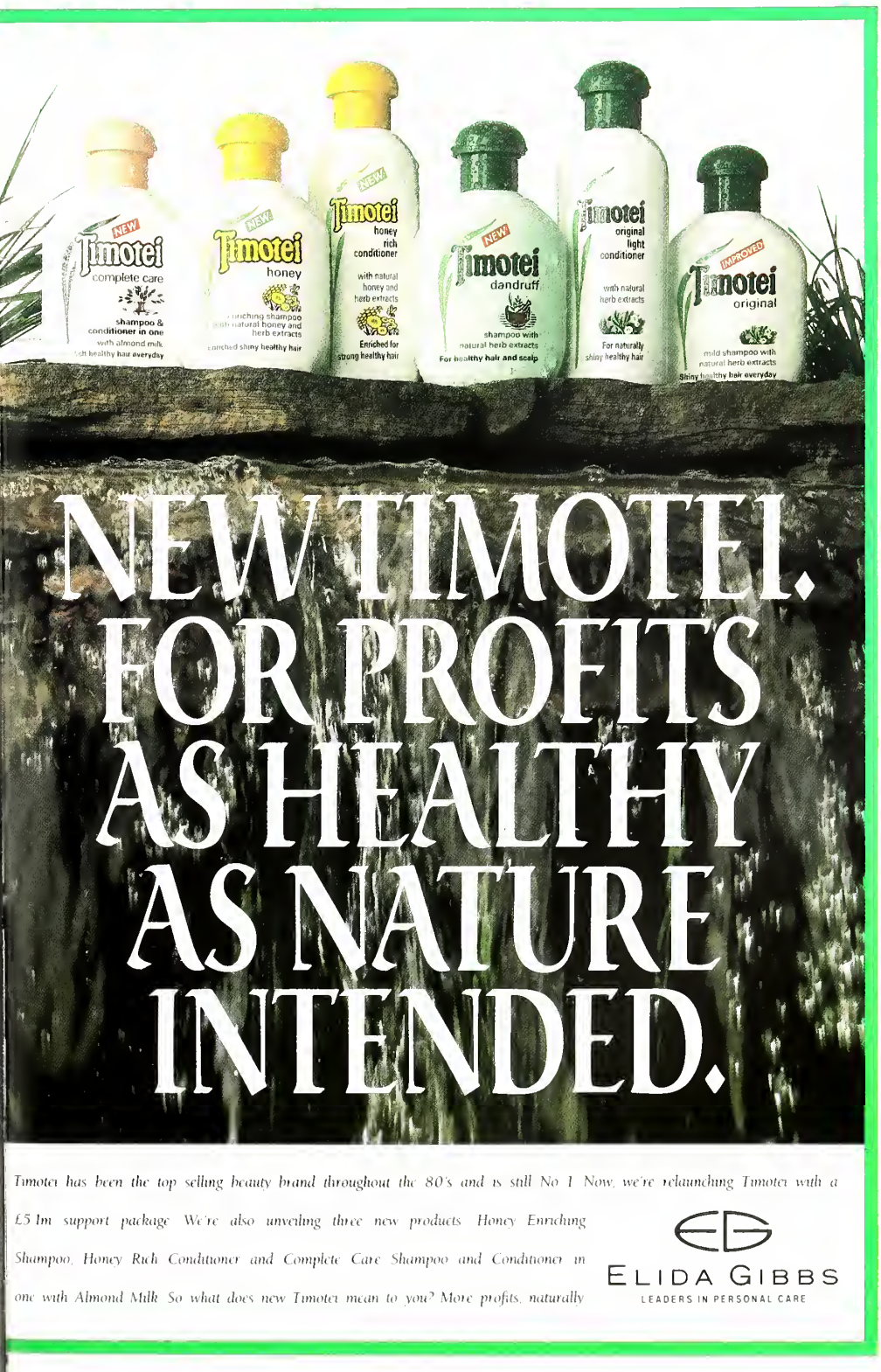
CHEMIST & DRUGGIST

The newsweekly for pharmacy

June 6, 1992



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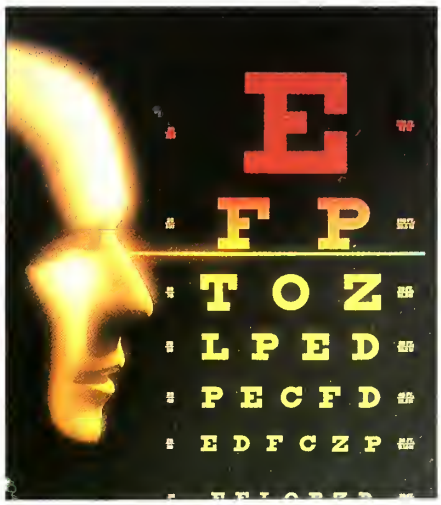

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Refs: 1. BMRB/Mintel, 1991. 2. Diffey & Farr, Br. J. Dermatol. 1991; 124:258-63

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INCORPORATING
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Comment

The National Audit Office report on community pharmacies in England is largely an accountant's view of whether pharmacies deliver dispensing value for money. It identifies the unremarkable fact that financial economies can come through larger units dispensing more prescriptions from fewer outlets. It correctly identifies that, despite the limitation of contract imposed in 1987 with its short-term compensation scheme for closures, there has been a small net loss of community pharmacies, but not in a manner which could produce rational distribution. And the NAO highlights some "irrational" aggregates of pharmacies in High Streets or around surgeries.

The profession has never denied that a more rational distribution of pharmacies would be in everyone's interests, but it must not solely be on the basis of a single dispensing fee that favours "factory farming" of prescriptions, nor must it include a removal of the contract entry restrictions now in force as suggested by Boots the Chemists. Linkage of those two options would see the demise of the small community pharmacy because of financial attrition on NHS fees, and also because Boots, Lloyds and the like would bring their own form of rational distribution which would involve buying up existing pharmacies, at best, and opening up anywhere at will at worst.

At present community pharmacies in the UK are located in places convenient to the public, among groups of shops or close to surgeries. They are also located in sufficient numbers that pharmacists and their staff have time to provide the free healthcare advisory service so much valued by the Government and recognised by the medical profession as relieving some of the burden of advising on common ailments. Such pharmacies are part of the every day fabric of life, and are on the door step, not just for dispensing, but for the sale of OTC medicines and the giving of all manner of health advice. The public values pharmacies because they can get health advice when they pop in for babyfoods or a comb — such advice does not have to become a special event or involve a trip to a distant health centre pharmacy in the outback.

While pharmacies may specialise to a degree as remunerated new roles are identified (see Comment May 9), and sacrifice some of their traditional lines to accommodate more OTC medicines (Comment May 2) the patient/taxpayer will not benefit if the community pharmaceutical service is decimated in the name of cash alone, or new role cash in particular. As Peter Curphey says (see Letters) the profession must set out its own parameters for rational and reasonable change without delay, before they are imposed.

NAO looks to larger volume pharmacies

Despite findings which could have far-reaching implications for the profession, including a move towards fewer large volume pharmacies, reaction to, and media coverage of, the National Audit Office report into community pharmacy has been muted.

Support for the extended role of community pharmacists, rationalisation of pharmacy numbers, abolition of the two-tier dispensing fee, and a revised remuneration system targeting essential small pharmacies, all feature in the 43-page report.

If one hypothetical model was implemented, around a quarter of pharmacies would close resulting in savings of 8 per cent without significantly compromising access, says the NAO.

To date, various pharmacy bodies have welcomed the report, choosing to focus on its support for extending the role of community pharmacists.

This contrasted strongly with the headline in *The Times* (May 29) which declared: "Chemist shops 'waste health service cash'." Media coverage, what little there has been, has concentrated more on the distribution of pharmacies and their cost effectiveness to the NHS.

The report by Sir John Bourn, head of the NAO, deals with four main areas, making a number of recommendations for savings and cost-effectiveness. These areas are:

- The role and management of community pharmacy services
- Accessibility
- Remuneration
- Reimbursement.

Pharmacist's role

The NAO quotes research by the Department of Health which shows most consumers are very satisfied with the quality of the dispensing service and would welcome additional services at the pharmacy.

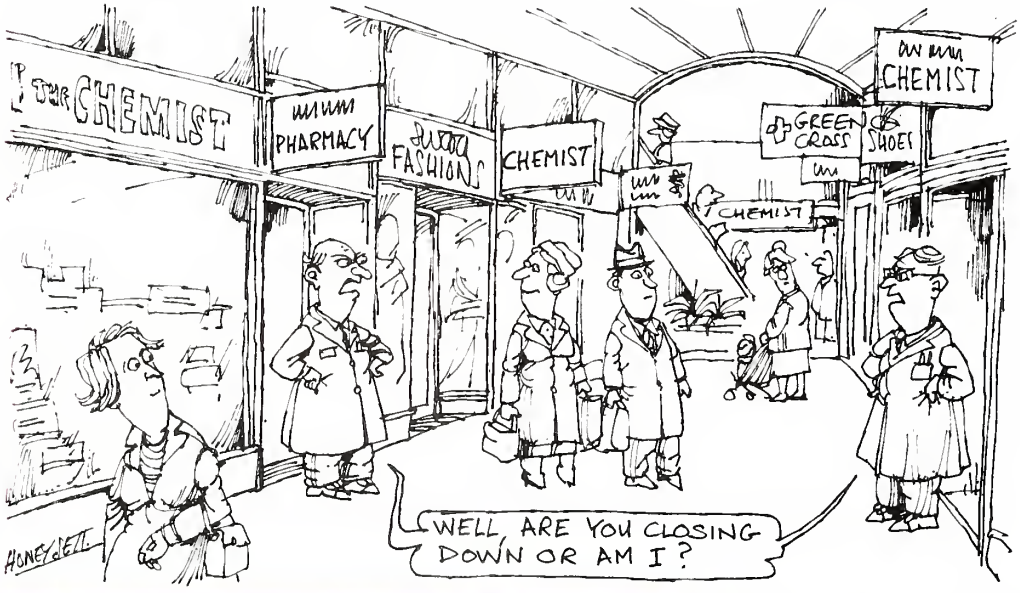
All eight family health services authorities visited by the NAO and 86 per cent of the pharmacists surveyed, felt that the skills of the pharmacist were underused.

"The NAO considers it essential that the Department take further action on the role of community pharmacists as soon as possible," concludes the report.

Issues which need to be addressed include:

- The need to consider community pharmacy in the context of general developments in NHS primary and secondary care.
- The importance of achieving a better working relationship between pharmacists and doctors.
- How to ensure that the existing and future body of pharmacists are qualified to take on new roles.

There was a vote of confidence for the Royal Pharmaceutical Society's inspectorate whose procedures were described as "sound".



The NAO report at a glance

"The Department of Health could achieve long term savings and promote a more cost-effective service by encouraging more cost-effective, larger volume pharmacies without compromising access, and continuing to make the reimbursement process more responsive to changes in prices paid for drugs by community pharmacists.

"In the NAO's view the Department needs to:

- Take an early decision on the implementation of changes to the role of community pharmacists proposed in the report of the Joint Working Party
- Define what is "reasonable access" for patients
- Develop a remuneration structure which will result in patients having reasonable access to the full range of pharmaceutical services, taking into account the cost to the taxpayer
- Include in the revised remuneration structure the greater use of targeted incentives and support for essential small pharmacies
- Ensure that any savings achieved through reduction in the payments to non-essential small pharmacies are used to improve the service provided to the public
- Obtain more timely and accurate information on drug prices paid by pharmacists
- Ensure that generic, or alternative proprietary medicines, are bought into the Drug Tariff without delay."

Accessibility

The NAO found a wide variation in the number of pharmacies per head of the population when comparing different FHSAs. This was partly due to the fact that pharmacists are independent contractors who take into account commercial considerations when deciding where to set up business.

Controls introduced by the DoH in 1987 resulted in a reduction of about 200 (2 per cent) in the overall number of community pharmacies and new pharmacies have generally opened in locations which improve patients' access to the service, the report adds.

Although the DoH objective was to retain sufficient pharmacies to provide reasonable access for patients, "reasonable" has not been defined.

The NAO looked at the distribution of pharmacies in Gateshead and Lancashire — respectively a metropolitan and a shire county FHSA.

Only 1.2 per cent of the population in Lancashire and no-one in Gateshead lived more than 5km from a pharmacist or dispensing doctor. When those pharmacies dispensing less than 16,000 prescriptions a year were taken out of the figures, the number of people 5km from a pharmacy rose to 1.7 per cent in Lancashire but stayed at zero in Gateshead.

These results suggest that low volume small pharmacies in these areas (not classified as "essential") are located in close proximity to others and do not typically serve communities which would otherwise be disadvantaged in terms of access, says the report.

One hypothetical model used by the NAO to determine the optimum distribution of pharmacies would result in a reduction of 77 in Lancashire's 305 NHS pharmacies. Although it is not feasible, even in the long term, to impose such a major reduction, the model suggests that closure of about a quarter of Lancashire's pharmacies would result in cost savings without significantly compromising access, says the report.

Clustering of pharmacies, especially in London, was also highlighted. A survey of pharmacy distribution in Camden & Islington FHSA found that 46 per cent of outlets were in groups of three within a radius of 300m. No pharmacy was further than 700m from another.

A study of the Essential Small Pharmacy Scheme showed that while many FHSAs considered it valuable, the financial incentive was insufficient to encourage pharmacies to relocate to under provided areas.

A survey in Lancashire showed that the scheme was accurately targeting areas of relatively poor access. "It has helped to retain existing facilities but is unlikely (and is not intended) to encourage the opening of new pharmacies," says the report.

A consideration of the value for money of dispensing doctors was considered outside the report's scope.

"In the NAO's view, entry controls have been successful in halting the growth in the number of pharmacies. But they leave existing pharmacies untouched, irrespective

of their contribution to the accessibility of the service."

The report comes out against the current two-tier fee structure based on the number of prescriptions dispensed which, says the NAO, should be modified.

"It provides indiscriminate support to many small pharmacies which make little contribution to accessibility. The optimum fee structure to avoid giving indiscriminate support would be a single rate to cover all dispensing."

If the DoH was to implement such a change it should consider the scope for using any resources thereby released for the development of the role of pharmacists in the enhancement of health services in the community.

"The DoH would need to take into account the implications of a shift in scale of operations for range and quality of services; that is, whether small, medium or large pharmacies represent best value for money in other respects."

Remuneration

"Total remuneration could have been reduced if there had been fewer low volume, high cost, pharmacies to remunerate," observes the NAO.

"Although the global sum is no longer directly based on the cost to pharmacists of providing the dispensing service, it remains the case that it supports a large number of small pharmacies whose dispensing costs are, on average, higher than that of large pharmacies, and many of which contribute little to the accessibility of the service."

The DoH told the NAO that, as part of the Public Expenditure Survey process, they reviewed the size of the global sum each year in relation to the prospective demands placed on the service and the efficiency with which the service was expected to meet those demands.

The Department did not have sufficiently detailed and robust data with which to calculate accurately the economically "optimum" size and cost of the service.

The DoH also told the NAO that it was now developing a new wider strategy which would link remuneration more closely to pharmacists' enhanced role.

The DoH pay contractors part of the global sum in the form of a 5 per cent on-cost of the price of the drugs dispensed. This was introduced to help pharmacists with cash flow difficulties, but is no longer necessary because pharmacists now hold less stock and the Department pays them more promptly, says the NAO.

Furthermore the Department considers that the abolition of the on-cost would bring positive benefits, says the report. It would remove the disincentive to pharmacists — when consulted by doctors — to recommend generic rather than proprietary drugs; allow pharmacists to provide impartial advice; and make forecasting more straightforward.

The abolition of the on-cost payment would not itself reduce the total paid in professional fees, but would alter its distribution.

"In the NAO's view, the present remuneration system, with a fee structure within a global sum, is preferable to the previous cost-plus profit method which provided little incentive for pharmacists to become efficient," concludes the report.

"However, at least half of the pharmacists in England dispense well below the volume indicated in the Department's 1987 labour cost inquiry, at which pharmacists dispense most efficiently for the NHS. And because of the way in which the global sum was assessed there remains scope for further efficiency savings."

Reimbursement

The NAO concludes that pharmacists are reimbursed fairly for proprietary drugs, and that for generics, the Drug Tariff together with the discount recovery scheme, provides a potentially effective mechanism to enable the DoH to achieve its reimbursement objectives.

It also found that the DoH relied heavily on the discount recovery scheme to ensure that pharmacists were paid no more than the net acquisition costs of generic drugs. "The Department should consider adopting the Scottish Office Home and Health Department's approach to pricing the most widely used generic drugs if it proves successful in achieving their objectives," the report recommends.

Current methods of pricing generics in England can lead to some anomalies, says the NAO. For example, the calculation ignores the impact on prices of smaller suppliers who may specialise in generic drugs.

The method used in Scotland, whereby certain widely available generics are priced using the actual prices charged by three specialist suppliers, provides more accurate results, says the report.

The report also proposes greater powers for the Prescription Pricing Authority to add necessary details to prescriptions which are not completely endorsed.

The NAO

The National Audit Office is totally independent of the Government but has statutory authority to audit the accounts of Government departments and carry out value for money studies.

Around 50 reports are produced each year, around half a dozen or so in the area of health. This is the first time that community pharmacy has been examined.

What next...

The NAO report will be considered by the Public Accounts Committee on June 24 at 4.15pm in Committee Room 16 at the House of Commons.

Normally only senior DoH staff are called as witnesses but a body such as the RPSGB could be called. The PAC will produce its own report for the Government.

Anyone can submit written evidence to Clerk of Public Accounts Committee, St Stephen's House, Victoria Embankment, London SW1A 0AA. Tel: 071-219 3274.)

'A vote of confidence for community pharmacy'

President David Coleman

The Royal Pharmaceutical Society has hailed the National Audit Office report into community pharmacy as "a vote of confidence for the future of the community pharmacy service".

President David Coleman said: "The Department of Health is currently considering ways of making maximum use of the skills of the community pharmacist within the NHS. Community pharmacists will undertake much more patient counselling and health promotion activity and offer a wider range of domiciliary services to complement their role as providers of the nation's medicine."

The report recognises the value of a more extensive role for pharmacists in the interests of a more cost-effective NHS. It also recognises the need for such changes to be put in place as quickly as possible, he says.

The Society is in favour of the planned distribution of community pharmacies to ensure the proper provision of pharmaceutical services, said Mr Coleman.

"When you are seeking to offer a broader range of services it is desirable to be in a position to have more than one pharmacist on the premises."

However, Mr Coleman stressed that convenient access for all to pharmaceutical services must remain the priority. "I do not want to see a community deprived of pharmaceutical services because it could only sustain the services of a single pharmacist in a small pharmacy."

He also welcomed the NAO report's endorsement of the soundness of the Society's procedures for professional regulation.

A more critical response to the question of whether the UK has too many community pharmacies, came from former RPSGB Council member Peter Curphey, in a letter to *C&D* (see p978). He also asked what the profession should do next.

'Not far enough'

A statement on the NAO report from Boots the Chemists said that: "If anything we are a little disappointed that the report does not go far enough in some of its recommendations".

While welcoming the report's overall conclusions, Boots continued: "So far as the overall number of pharmacies is concerned, we believe that the removal of the existing restriction on entry would bring normal, competitive forces into play and provide a better service with no compromise to patient access."

Boots also support a change in the payment structure to a flat-rate dispensing fee and agree with the report's finding that longer term savings can be made by providing encouragement to cost-effective, larger volume pharmacies.

Managing director Gordon Hourston said: "Of course the over-riding need is for community pharmacies to provide a very high standard of service to patients. We share the view expressed in the report that there are opportunities

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to enhance the service while also satisfying the proper concerns of the tax payer."

Community pharmacies have the potential to play a much wider role in the provision of healthcare services, but will only do so if they are adequately remunerated and properly resourced, he continued.

"Implementation of the report's conclusions would be a significant step in the right direction."

A spokeswoman for the Department of Health said they welcomed the report as a useful contribution to policy work. However, the Department reserves its full response for the Public Accounts Committee which will consider the NAO report and produce its own report for the Government.

Mixed reaction

Tim Astill, director of the National Pharmaceutical Association, said his initial reaction to the report was mixed.

On the positive side he was pleased that the NAO was in favour of the Joint Working Party report and had urged the DoH to take further action on the role of community pharmacists as soon as possible.

However, on the negative side was the talk about the number of pharmacies and the possibility of making economies. "You can't talk about too many or too few until you know what reasonable access is," he said.

Although the report talks about the number of pharmacies within a certain area, even comparatively small distances can be inconvenient for the elderly or infirm, he explained.

Mr Astill said he was not necessarily disagreeing with the conclusion that there is scope for a rationalisation of pharmacy numbers. But there was no reference made to the quality of the service. "Who is to say who should close and on what grounds?" he asked.

Mr Astill also disagreed with the proposal for abolishing front loading, although if the report was right there may be an argument for reducing it, he said.

He also questioned the proposal that replacing the on-cost with a fixed fee per prescription, plus closing pharmacies, would save money. The same number of prescriptions would still need to be dispensed by the remaining pharmacies, he explained.

Mr Astill said he hoped the Government would not implement the Joint Working Party report purely out of savings from the existing global sum. It was important that new money was on the table.

PSNC's Stephen Axon said the NAO report contained a great deal of information but he was unable to comment in detail until it was discussed by the Committee at their meeting on June 9.

Sheffield FHSA earmarks cash for pilot projects

Sheffield Family Health Services Authority has set aside £3,000 to be used on pharmacy projects like those recommended in the Working Party Report on the Future of Community Pharmacy.

Local Pharmaceutical Committee secretary Martin Bennett told *C&D* that the LPC has two main priorities for pilot studies — DUMP campaigns and the provision of counselling areas within community pharmacies.

There is a need to clear unwanted medicines in Sheffield because the recent lack of any organised campaign meant a certain amount of accumulation, he says.

The LPC is discussing the possibility of distributing every community pharmacy with two DOOP containers. If this pilot project proves successful, then the Committee will approach the FHSA to fund an on-going campaign.

However, uncertainty over the new waste regulations and how they affect community pharmacists means the idea is still at discussion stage, says Mr Bennett. The LPC has even considered registering a vehicle under the new regulations and negotiating a one-off agreement to incinerate unwanted medicines. This is still at the planning stage.

On private consultation areas in pharmacies, Mr Bennett says the LPC has arranged for Ray Todd, head of the NPA's pharmacy planning department, to spend some time in the city to cost designs for existing pharmacies. He hoped to visit about half a dozen shops.

Although the FHSA likes the idea of having private counselling areas in pharmacies, there are problems of expense and difficulties with incorporating such areas into the existing designs of shops.

The LPC is also looking at offering contractors leaflet stands to display health education literature. Depending on the amount of interest from pharmacists, the cost of these stands could be offset by the FHSA, says Mr Bennett. If only a few contractors are interested then the proportion of funding available from the FHSA may be larger than if all contractors want them.

Despite PSNC's advice to LPC to "go-slow" on local initiatives, Mr Bennett says Sheffield will be pressing ahead. However the LPC will be stressing that all its initiatives are pilot projects — if they can be proved worthwhile then a case could be made for payment.

One of the main problems is the time needed to push ahead with pilot projects on the Working Party's recommendations, says Mr Bennett. Many of the ideas need a lot of effort to get them off the ground, he says. "The LPC could do with someone whose responsibility it was to take these initiatives and push them forward."

The LPC is arranging a meeting with health officers from the FHSA and the Health Authority.

PGC voices concerns over settlement delay

The Pharmaceutical General Council is warning contractors that the legal dispute over pay in England and Wales will cause delays to any remuneration settlement in Scotland.

The Pharmaceutical Services Negotiating Committee has won a judicial review over its right to declare a a state of dispute over pay.

PGC chairman Graeme Millar says the Council is still discussing this year's settlement with the Scottish Office. The judicial review hearing in London will cause delays because any offer made by the Scottish Office and accepted by the PGC could prejudice the legal proceedings, he says.

"The PGC's concerns about the present position have been put to the Scottish Office in the strongest terms," says Mr Millar. "The PGC will not settle this year's remuneration at an inadequate level. If at all possible we wish to avoid a formal dispute.

"This would only serve to delay progress on other matters such as bringing into effect some of the recommendations of the 'Pharmaceutical Care' working party, developing the role of community pharmacy in the purchaser/provider environment, and the eventual implementation of the Care in the Community Bill."

Two fifths of attempted suicides use paracetamol

More than four out of ten people who attempt suicide now choose paracetamol to do so, according to an Oxford study.

Research into trends in deliberate self poisoning and self injury over a 15 year period, showed that the proportion of paracetamol overdoses increased from 14.3 per cent in 1976 to 42 per cent in 1990 (*British Medical Journal* May 30).

The authors called for ways of reducing the likelihood of self poisoning with paracetamol because of its hepatic toxicity. This has prompted renewed calls for the sale of paracetamol products to be restricted to pharmacies.

Commenting on the findings, NPA director Tim Astill said: "People assume that paracetamol is safe because it is so readily available. It can be bought over the counter in supermarkets, grocery stores and even garage forecourts. While this is the case people will not respect medicines for the potentially lethal items they are.

"Aspirin, paracetamol and cold cures should be for sale in pharmacies only where qualified pharmacists will be on hand for consultation and advice," he said.

Over the 15 year period, the authors noted a decline in the attempted suicide rates in women in the early 1970s and 1980s but a rise during the late 1980s. Figures for men remained relatively steady.

The highest mean annual rates occurred in women aged 15-19 (711 cases per 100,000) and in men aged 20-34 (334 per 100,000). Self poisoning was involved in 87.3 per cent and self injury in 9.9 per cent of cases.

Over the period of the study, there was a marked decrease in the use of minor tranquillisers and sedatives in overdoses, presumably reflecting changes in prescribing, say the authors.

Bogus GP in court

Bogus doctor Muhammed Saeed prescribed malaria prevention tablets daily as a "tonic", Leeds Crown Court heard this week.

He also told one patient to "shampoo daily" with an asthma inhaler, prescribed wrong doses for a kidney transplant patient and tried to give two-year-old twin boys a morphine compound for diarrhoea which was inappropriate.

They were some of the prescriptions which pharmacist Martin Spicer, whose shop was formerly next to the surgery, claimed caused him concern. Mr Spicer said that when he queried one prescription of sleeping tablets to be taken in the day Mr Saeed said the patient slept during the day as well as the night.

Mr Spicer said: "He said it as though to justify his prescribing rather than admitting it was wrong. I took that to be a nonsense."

Mr Saeed, of Southview Road, Bradford, West Yorks, pleaded not guilty to three charges of obtaining property by deception and one of obtaining money by false practice. The trial is continuing.

Laxative sale restrictions?

A survey of laxative abuse among people with eating disorders has resulted in calls for the sale of these products to be restricted to pharmacies with pharmacists conducting the sale personally.

The Prevent Laxative Abuse Now campaign has also called for changes to the wording on laxative packs. They want a warning not to exceed the stated dose and a statement saying that the product will not aid slimming.

Laxatives should only be available in small packs because the larger ones encourage abuse, research psychologist and campaign co-ordinator Dr Sarah Clement told *C&D*.

The survey of 475 members of the Eating Disorders Association found that three out of four abused laxatives. The youngest was 15 years old and the oldest 65, but the majority of abusers were in the 20-30 age group. Only one of the abusers was male, said Dr Clement.

There were many reasons why laxatives were abused but the most common was to get rid of "binged" food and to help lose weight. Some abusers said they were "punishing" themselves for having eaten more than intended while others wanted to feel "cleansed" and "empty". Only 5 per cent said they took the laxatives to treat constipation.

The survey also revealed frightening figures about the extent of laxative abuse with 39 per cent using them every day and 22 per cent several times a week. About half of those surveyed felt they were addicted to laxatives.

Three quarters of those abusing laxatives had been doing so for more than a year and nine women had taken them for over 20 years. Many spoke of serious health problems as a result of their habit.

Large pharmacy chains were the outlet for laxative sales in 44 per cent of cases, possibly because of a certain degree of anonymity, said Dr Clement. Some 23 per cent purchased laxatives from small pharmacies and 17 per cent from drug stores.

Dr Clement has appealed to all pharmacists to be aware of the problem of laxative abuse and to consider placing all such products behind the counter. They may also consider stocking only small packs.

This Camberwell Beauty at ICI's Hillhouse site in the UK is just one of the threatened species set to benefit from ICI's Nature Link scheme, which identifies the industrial sites at ICI with the most potential for conservation — there are nine in the UK — and establishes such long term projects as establishing wild flower meadows and butterfly breeding

EC allows health claims for foods

The European Commission has indicated it intends to allow health claims for food supplements.

According to the Proprietary Association of Great Britain's latest Bulletin (May), a recent EC working document suggests that the Commission now accepts that most member states permit health claims for these products. Earlier proposals threatened to ban such claims.

PAGB says that the Commission favours an approach similar to that taken in last year's UK Food Advisory Committee report, which would allow health claims so long as they could be substantiated and were not misleading. A draft Directive based on the working paper is expected later this year.

A draft Directive on classification and regulation of food supplements is also expected this Autumn. PAGB says it looks certain that these products will be classified as foods, as in the UK at present.

PAGB broadly agrees with a system of regulation which the Ministry of Agriculture Fisheries & Food's Chemical Safety of Food Division is negotiating at the Council of Ministers. Several member states have indicated their support for classification based on a positive list of products, but MAFF opposes this proposal because of the resources needed to harmonise such a list.

Most member states also support limits for supplement ingredients based on recommended daily amounts. While MAFF thinks this approach is unscientific, it recognises there will be strong pressure to accept a compromise.

PAGB's strategy on ingredient limits will be reviewed following publication of a report by the EC Scientific Committee for Foods, due out at the end of the Summer.

The PAGB Bulletin says it is difficult to predict a timetable for legislation at this stage. The next round of negotiations on the Directive is not expected to take place before October.

● The European Parliament has rejected the Sweeteners Directive, which the European Commission has indicated it will now withdraw. PAGB had lobbied against the proposed legislation because adequate provision had not been made for the amounts of sweeteners needed to flavour food supplements. The PAGB Bulletin says in theory it is possible that the proposals could resurface at the Council of Ministers this month. But a unanimous vote will be required to override the vote taken in full Parliament and PAGB is highlighting the implications to MAFF to ensure support for its concerns.

Local choice the key to community health

It is up to the local community to decide what health services it feels should be provided locally. Pressure groups may become more active as more health service providers become NHS trusts and publish their business plans widely.

These views were expressed by Ken Sanderson, chief executive, St Helens and Knowsley Hospitals Trust, at a meeting held last week by the Mersey Academic Pharmacy Practice Unit at Liverpool University.

Pressure groups exerting influence on the purchasers of health services would be taken more seriously if they identified potential sources of finance for their proposals, he advised.

Earlier Mr Sanderson said that the public seemed to misunderstand the idea of the NHS being free at the point of delivery. Not paying for a service equated in many people's eyes to not being able to complain if the service was only average.

The Government was trying, through the Patient's Charter, to educate the public that the taxpayer made a considerable contribution towards NHS provision.

As the Charter informed people of the rights they could expect, so the public would put pressure on the providers to improve services.

Generic addresses

The following are the correct addresses for Kent and Norton and should have appeared in the Generics List published with last week's issue: Kent Pharmaceuticals Ltd, Wotton Road, Ashford, Kent TN23 2LL. Tel: 0233 638614; Norton, H.N. & Co Ltd, Gemini House, Flex Meadow, Harlow, Essex CM19 5TJ. Tel: 0279 426666.

Scottish statistics

Prescribing statistics for Scotland for January 1992 show that a total number of 3,863,934 prescriptions were dispensed (pharmacists and appliance suppliers) at a gross cost of £29,386,033.73 (£27,493,950.73 net). The gross cost per prescription for pharmacists only was £7.54 (£7.05 net).

Background books

Anyone interested in buying clinical texts or in receiving mailing lists from RPSGB Council member Noel Baumber's "Background Books" service (*C&D* last week p944) can contact him on tel: 0476 76362.

Delay at CPPE

There has been a delay in dispatching copies of the distance learning package "Care for the Elderly" from the Centre for Pharmacy Postgraduate Education in Manchester. The Centre's director, Dr Alison Blenkinsopp, apologises for the hold-up and says she hopes the remaining packs will be distributed by the end of June.

White Paper soon

A Government White Paper based on the Health of the Nation Green Paper issued last year is due to be published on July 8.

Prohibition

Malcolm Leonard Lennard, MRPharms, whose registered address is 337 Kilburn High Road, London NW6, has been prohibited by the Home Office from having in his possession, manufacturing, compounding and supplying any Controlled Drug within the meaning of the Misuse of Drugs Act 1971. Exceptions are preparations in Schedule 5 of the Misuse of Drugs Regulations 1985, other than dihydrocodeine and codeine preparations which are POMs. This follows a conviction in November 1991.

Glass contamination

Independent analysis of glass allegedly found in Tonbridge on Monday in a can of Heinz strained egg custard with rice has shown it not to be of factory origin. Heinz say that, as a result of the publicity, they have received three other complaints alleging glass contamination. In two cases, initial tests have indicated that the glass was not of factory origin but in the third case the mother refused to release the sample. Heinz have been liaising with the police who are satisfied there is no evidence of malicious tampering.

Dispensing by dentists potentially painful

Of all the other health professions I have always had the greatest sympathy for dentists because, within the National Health Service, they seem to be treated with almost more disdain than the community pharmacist by the Department of Health. As a consequence of this cavalier attitude many dentists are no longer taking on new NHS patients and are concentrating on private practice.

Dentists, however, at least have the option to practise privately whereas, in reality, pharmacists have no such alternative. One consequence of this recently raised the unexpected spectre of "dental dispensing", when a dental nurse came into my pharmacy requesting the purchase of fifty small tablet bottles with child-resistant lids. I carefully questioned her about this strange purchase and learnt that they were for the supply of pain killers and antibiotics to private patients because, "it is cheaper for the patient that way".

Pharmacy has enough problems with the Department without worrying about those of the dentists, but if private dental practice becomes commonplace and other dentists see the chance to earn a little extra from dispensing, another small nail will have been driven into the coffin of community pharmacy. A few words in this particular dentist's ear may be sufficient to convince him of the error of his ways, but the differentiation of the responsibilities of prescribing and dispensing is a principle often reaffirmed within Parliament. That principle is for the protection of the patient and must apply equally to all, whether NHS or private.

Not a patch on a fag?

With the launch last week of Nicotinelle TTS the long awaited nicotine patch has arrived and has provided one more weapon in our fight against smoking. The patch has already aroused considerable interest from local doctors and patients alike but if, as expected, it is not allowed for NHS prescribing, then its use must be severely limited by its price and the private prescription only restriction of its supply.

At less than £2 per day it is arguably cheaper than smoking, but cigarettes provide a far wider profile of dependency characteristics than just the nicotine, and if able to be obtained at a similar price on demand, the incentive to give up must be correspondingly reduced. The easy availability of Nicorette at an affordable price has enabled it to quickly assume the number one spot in anti-smoking aids, but as a gum with a distinctive taste it is not acceptable to many smokers. Nicotinell TTS is a complementary alternative, but it will not achieve its full potential while restricted by the dual constraints of POM and price.

Mourning the 'after' Pill

I rarely dispense Schering's PC4 morning-after contraceptive but when I do it is invariably on a Saturday. I always carefully counsel the patient, emphasising the importance of taking the tablets at twelve-hour intervals and to be aware of the problems of sickness, such that if they are sick within two hours of a dose then, as explained in the patient leaflet, they should immediately take the other two tablets and contact their doctor.

So far so good, but a couple of times I have had ladies return to the pharmacy having been sick, taken the other two tablets, and then been unable to contact the prescribing doctor. In both cases I have supplied an emergency two "Eugynon 50" tablets, but how much more sensible if those two extra tablets were originally supplied in the pack with the specific instruction given to the patient to discard the remainder if not used.

Advertising that gels

What a marvellous free advertisement for Ibuleve in the *Guardian* on Saturday, May 30. A full page advert worth a fortune, and all to convince advertisers that newspaper advertising really works. The advertisement was placed by the Newspapers Publishers Association and used Ibuleve as its example of a product *par excellence*, promoted to number one in its sector and a third of market share within a year of its launch, by the sole medium of newspaper advertising.

I am sure the readers of the *Guardian* will never know, or probably care, that this is only part of the truth. Newspaper advertising helped but the product itself was unique in the market place and had the unconstrained backing of all community pharmacists. Self-interest in a Pharmacy only product perhaps, but the reputation of pharmacy is better advanced by medicines which live up to their advertised promises. Ibuleve is just such a product and pharmacy, the patient, Dendron and the Newspaper Publishers Association have all benefited from its success.

N. Ireland Notebook

Dispensing with the past

On a rainy Sunday afternoon I decided, as a treat, to take my family to the Ulster American Folk Park just outside Omagh, but found that the treat was all mine. The Folk Park has just added a chemist shop to their Turn of the Century Ulster Street and it was a delight to see.

The shop was originally Hill's Chemist situated in Castle Street, Strabane and has been carefully re-created in the Folk Park. I remember the shop and Mrs Healey who worked in it until it was closed around 1987 with the introduction of the new contract.

The prescription book reminded me PMRs were standard practice in the last century

Most of the shop fittings are the originals but some of the exhibits are of varying vintage. An expert would probably say that they would never have existed side by side but this is a pedantic criticism. The display of colourful carboys and tall ornate jars reminded me of the richness which all pharmacies of yesteryear must have added to many otherwise drab streets. How very different the pharmacy was from the other retail outlets at the turn of the century, a difference which is still maintained in many parts of Europe but which, alas, appears to be lost here as our premises become more like general retailers.

I was impressed by some of the advertisements on display. Goods well displayed are nine-tenths sold. The leech jars were a reminder that some "cures" do not stand up to medical scrutiny and I wondered which of the therapies we now dispense will become redundant like the leech. The large prescription books with the beautifully hand written prescriptions reminded me that there is nothing new under the sun. The young and innovative pharmacist today may regard patient medication records as a new idea. Far from it — PMRs were standard pharmacy practice in the last century.

The trip to the Park renewed my pride in my profession. Many congratulations to Art Kelly from Omagh who was instrumental in seeing this project to completion. This is the most significant record of pharmaceutical history in N. Ireland and I was delighted to learn from an attendant that it was opened by our president, Robin Holliday. I wonder, will my recently refurbished shop be on exhibition in a theme park in the year 2092?

Written by a practising NI community pharmacist

Topical REFLECTIONS

NEW PARAMOL

YOU CAN'T HIT PAIN MUCH HARDER

It's the power you have been waiting for, and the first true innovation in over-the-counter analgesia for almost a decade.

New PARAMOL. Specially reformulated with dihydrocodeine tartrate BP 7.46 mg and paracetamol BP 500 mg, it is now available without a prescription.

PARAMOL offers a new level of pain relief for any of your customers who need more pain relief than simple analgesics can give.

So you've now got a new level of pain relief you can give your customers, the power you have been waiting for.

NEW DIHYDROCODEINE & PARACETAMOL

PARAMOL®

Finally, Pharmacists Have The Power They've Always Needed.

NAPP

Consumer Products Division, Napp Laboratories Ltd.
Cambridge Science Park, Cambridge CB4 4GW, UK
Member of Napp Pharmaceutical Group.

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Script specials

Improved compliance with totally transdermal HRT

Estracombi, the combined oestrogen and progestogen patch (see **Script Specials** last week) may allow improved compliance and fewer side effects for women taking hormone replacement therapy.

Ciba-Geigy say that research shows women prefer patches because they are more natural and convenient than daily tablets. The combined patch also avoids the temptation to miss out the progestogen phase. And because transdermal delivery avoids first pass metabolism, a quarter of the equivalent daily oral dose of norethisterone acetate can be given. Progestogenic side effects, which are dose related, are likely to be less.

In a comparative trial with oral HRT, Ciba-Geigy say women using Estracombi suffered less from side effects such as breast tenderness, bloating and nausea during the progestogen phase.

Speaking at the launch of Estracombi last week, Mr Kevin Gangar, senior registrar in gynaecology, King's College Hospital, said that a study of 72 women had shown the combined patch gave acceptable and predictable patterns of bleeding over 12 months. The onset of bleeding occurred after day 12-13 of progestogen therapy, with an average duration of 6-7 days, with no change in the bleeding intensity and duration with time.

A progestogen phase is required for women with an intact uterus to minimise the risk of endometrial carcinoma associated with unopposed oestrogen therapy. However, individual women's requirements for progestogen vary. In Mr Gangar's study, one woman developed a proliferative endometrium, suggesting the level of progestogen in the patch was insufficient for endometrial protection; she would require higher doses or an alternative progestogen.

Dr John Stevenson, consultant endocrinologist, Wynn Institute, London, said that while HRT has been shown to decrease the chance of getting cardiovascular disease there is no evidence it reverses existing disease.

Each pack of Estracombi includes four combined patches (Estragest), each releasing 50mcg oestradiol and 250mcg norethisterone acetate per day. The oestrogen and progestogen are mixed together in each of two adjacent reservoirs, designed in a goggle shape for ease of adherence. Oestrogen patches alone are given for two weeks, followed by two weeks of combined therapy. Patches are changed once every three to four days and applied to a slightly different site each time. Recommended application sites are clean, dry intact areas of skin, ideally the buttocks. Estracombi is available in packs of eight (£9.95 trade)

Corsodyl spray

ICI have launched Corsodyl spray, a mint flavoured, pump action mouth spray containing 0.2 per cent w/v chlorhexidine gluconate.

Corsodyl is suitable for the treatment and prevention of gingivitis; it inhibits the formation of dental plaque and is suitable for the maintenace of oral hygiene.

The spray should be applied to the tooth and gingival surfaces using up to a maximum of 12 puffs twice a day. One bottle, containing 60ml (£4.49), is approximately one month's course of treatment for gingivitis.

Corsodyl spray is available on prescription from dentists or on direct sale from pharmacies. It cannot be prescribed by GPs on FP10.

The Corsodyl range of products, including the spray, has a GSL licence. However ICI, with the approval of the Department of Health, are marketing the products as pharmacy-only with the P symbol appearing on the packs. **ICI Pharmaceuticals (UK). Tel: 0625 535999.**

Nicotinell Rx's

Ciba-Geigy wish to emphasise that VAT should not be charged on private prescriptions for Nicotinell; Prescription Only Medicines do not carry VAT.

Abbott Laboratories have launched Erythroped-SF, said to be the only sugar-free erythromycin available. It contains sorbitol and when reconstituted is a creamy-white, banana flavoured suspension. Erythroped-SF is available in two strengths — Erythroped SF, containing 250mg erythromycin/5ml (140ml, £4.28) and Erythroped-SF PI (125mg/5ml; 140ml, £2.20, both prices trade). The company says the sugar-free formulation is aimed at children, diabetics and those with restricted diets. Erythroped sugar free sachets have now been discontinued. Abbott Laboratories. Tel: 0628 773355

Thames Laboratories are launching Salofalk enteric-coated tablets each containing 250mg mesalazine (100, £17.50 trade). Salofalk is indicated for the treatment of mild to moderate acute exacerbations of ulcerative colitis, and for maintaining remission. The enteric coat on Salofalk releases the active agent at pH 5.5 and above; the release is said to be earlier and more complete than some alternative preparations. **Thames Laboratories. Tel: 0978 661351.**

New to Norton

H.N. Norton have added the following products to their range: amoxycillin sugar free sachets 125mg/5ml (£1.98), 250mg/5ml (£3.24) and flucloxacillin sugar free sachets 125mg/5ml (£3.11) and 250mg/5ml (£6.64, all prices trade). All come in packs of 20. **H.N. Norton & Co Ltd. Tel: 0279. 426666.**

Nycopren change

Nycomed (UK) have taken over the distribution of Nycopren, the enteric coated naproxen product, with effect from June 1. **Nycomed (UK) Ltd. Tel: 021-742 2444.**

Martindale extends

Martindale Pharmaceuticals have introduced three new methadone hydrochloride products. They are: methadone linctus BP, a 2mg/5ml solution of the hydrochloride (500ml, £5.06), and methadone hydrochloride powder 2g (£9.63) and 25g (£105.48). A new strength of morphine sulphate injection — 20mg in 1ml — has also been added to the range. This is available in packs of 10 ampoules (£5.31, all prices trade). **Martindale Pharmaceuticals Ltd. Tel: 0708 386660.**

Ashbourne add two

Ashbourne Pharmaceuticals have added the following products to their range: Proziere 5 (prochlorperazine 5mg) tablets (84, £2.67) and Cinaziere 15 (cinnarizine 15mg) tablets (84, £4.16, all prices trade). **Ashbourne Pharmaceuticals Ltd. Tel: 0604 882190.**

Zumenon is 17-beta oestradiol

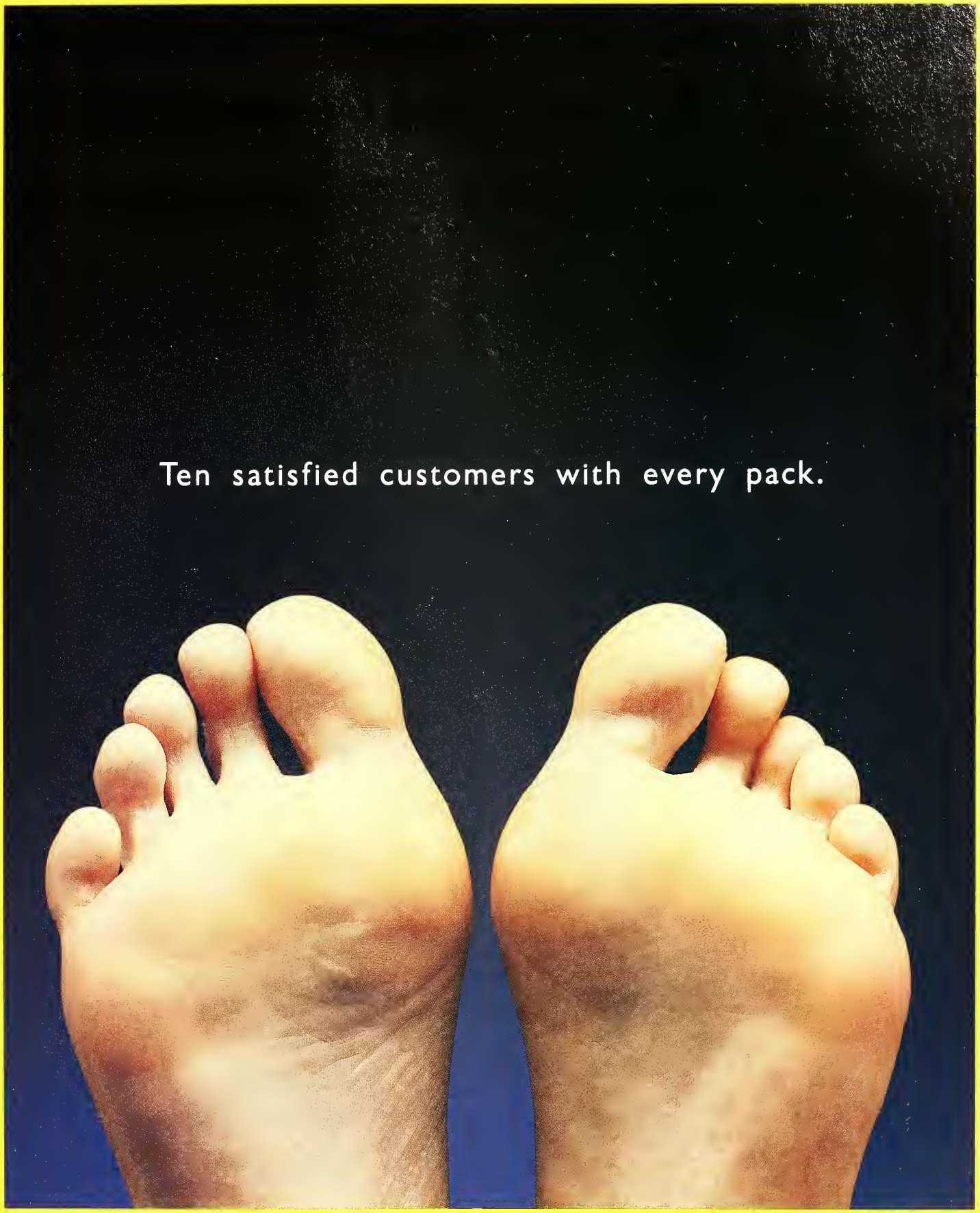
Duphar Laboratories have launched Zumenon, said to be the only oral hormone replacement therapy containing exclusively 17-beta oestradiol, the most active premenopausal oestrogen.

Zumenon is indicated for the treatment of oestrogen deficiency as a result of the menopause. One tablet should be taken daily without interruption, but if the clinical response is inadequate, this may be increased to two tablets daily, reducing to one a day as soon as possible. In women with an intact uterus, a progestogen should be added for 10-14 days a month.

Side effects are normally transient and include breast tenderness during the first few months, nausea, headache, oedema and skin reactions. Interactions with barbiturates, phenytoin, rifampicin and carbamazepine may reduce the oestrogen effect. Contra-indications include breast cancer, endometrial cancer, liver disease, thrombo-embolic disorders; see Data Sheet for other warnings.

The blue, film-coated tablets, inscribed "Duphar" on one face and "381" on the other, each contain 2mg oestradiol (28, £2.55 trade). **Duphar Laboratories. Tel: 0703 472281.**

Ten satisfied customers with every pack.



If only it was always this easy to please people. Simply recommend Mycil and athlete's foot disappears as quickly as it appeared. Because Mycil is so effective, it's the most popular treatment you can stock. All you have to do is sit back and watch it walk off the shelf.

CROOKES Healthcare

Stops Athlete's Foot in its tracks.

Counter points

Harnessing nature for healthy hair

Health & Diet have produced a range of hair care products based on natural plant extracts.

Called Pure Plant Products, the range comprises five shampoos, a conditioner and a two in one product. All retail at £1.79.

For normal hair there is Marshmallow and Rosemary shampoo. For oily hair, Lime and Hops shampoo is said to restore the acidity of the hair and cut down excess oil. Comfrey and Sage shampoo for dry hair is said to soothe the scalp and condition dry hair. Orange Spice and Ginger Shampoo claims to help control dandruff, and for frequent washing there is Grapefruit and Almond shampoo.

Herbal conditioner contains extracts of marshmallow, witchazel, sage, rosemary, chamomile and milfoil. For those who prefer a two in one product there is Orchid shampoo and conditioner. **Health & Diet Food Company. Tel: 0204 707420.**

Pierre Fabre relaunch and reformulate Eludril mouthwash

Following reformulation, Eludril mouthwash is being relaunched by Pierre Fabre Health Care into both the specific and every-day dental care sectors.

The new formulation uses both chlorhexidine and chlorbutol to produce an antibacterial and analgesic product.

Eludril mouthwash is said to inhibit plaque formation and can be used in the management of mouth ulcers and oral candidal infections such as denture stomatitis. It can also act as a disinfectant for removable dentures or as a continuation of professional treatment at home. Eludril mouthwash is available in packs of 90ml, 250ml and 500ml (£1.50, £2.95, £5.35).

Pierre Fabre have also launched a range of toothbrushes to meet the needs of the post-surgical dental care sector. Elygdium Clinic is a compact toothbrush with a highly flexible handle that can bend up to 90 degrees.

Elgydium Clinic 7/100 is the softest brush and is intended for use for one week after minor surgery.

Elygdium Clinic 15/100 is for use for four to six weeks after surgery and is also recommended for use by patients with sensitive gums. **Pierre Fabre Ltd. Tel: 0865 742525.**

The relaunched Nylax range of laxative tablets is being supported by a new range of complementary POS material throughout June. The laxative has a new green leaf logo on a three dimensional showcard for in-store or window display, a compact counter display unit, pre-packed with six boxes of the Nylax 30 tablet variant and six of the ten tablet pack, and a shelf edger. Crookes Healthcare recommend siting from this month, to coincide with a new advertising campaign. Crookes Healthcare Ltd. Tel: 0602 507431.

New size Eyetec

Robinson Healthcare have produced a new smaller pack of Blue Eyetec plasters, designed for smaller establishments.

The new pack contains 40 assorted plasters, and has been produced as a result of recent changes in the Food Hygiene legislation, requiring establishments which prepare food for the public to have blue plasters for first aid use.

Each pack holds 16 7.6 x 2.5cm dressings, 12 3.8 x 3.8cm dressings, 6 knuckle dressings and 6 fingertip dressings. **Robinson Healthcare. Tel: 0246 220022.**

Immac Press campaign attacks stubble

Reckitt & Colman are supporting Immac with a new Press campaign and television advertising for Summer.

There are four new Press advertisements, representing a £250,000 spend. The first targets 13-16 year olds and uses the slogan "Immac girls have outstanding legs". The advertisement runs from now until August in young women's magazines.

To support Immac roll-on, the company is targeting those women who currently shave with an advertisement entitled "No stubble. No strife", running from June until August. The advertisement for Immac wax strips aims at women who currently use salons and runs from June until August.

New hair lightening cream is supported by a Press advertisement running until August, using the slogan "Because life just isn't fair".

The "Scissors" television campaign will run again for ten weeks. **Reckitt & Colman. Tel: 0482 26151.**

Soothing Summer campaign from Savlon

Savlon is to receive a £1.5 million Summer advertising campaign, based on the popular "Creature Comforts" advertisement.

Spanning three months, the four commercials each feature a common ailment which is depicted in animated word form. A Savlon product heals and soothes the offending wound, restoring the skin to its original, healthy state.

The campaign will begin with Savlon antiseptic liquid, followed by Savlon Dry spray, antiseptic cream and the newly launched Savlon very dry skin cream. **Zyma Healthcare. Tel: 0306 742800.**

Labello giveaway

Smith & Nephew are promoting Labello lipcare with a covermount in conjunction with *Just Seventeen* magazine. Some 300,000 Labello Classic lipcare sticks will be attached to the July edition. **Smith & Nephew. Tel: 021-327 4750.**

Oilatum on TV

The launch of Oilatum Bath Therapy over the counter is being supported by a £750,000 television campaign, running from now until December. The commercial is the first for a therapeutic bath emollient, say **Intercare Products. Tel: 0734 790345.**

The Anadin range has been given a face-lift through redesigned product packaging, complete with improved graphics and stronger branding. In addition, a new style drum has been introduced for purchasers who buy Anadin regularly in larger quantities. Whitehall Laboratories. Tel: 071-636 8080.

Two curves our oils do wonders for.

Aromatherapy can be a very uplifting experience. The purest oils can relax, stimulate and invigorate.

And now for the first time, the highest quality oils which have traditionally been used only by registered practitioners, have been made available to everybody.

Nelson & Russell oils contain only the purest ingredients, are stunningly packaged and owned by Nelsons – the UK's largest and most established manufacturer of classical homoeopathic medicines.

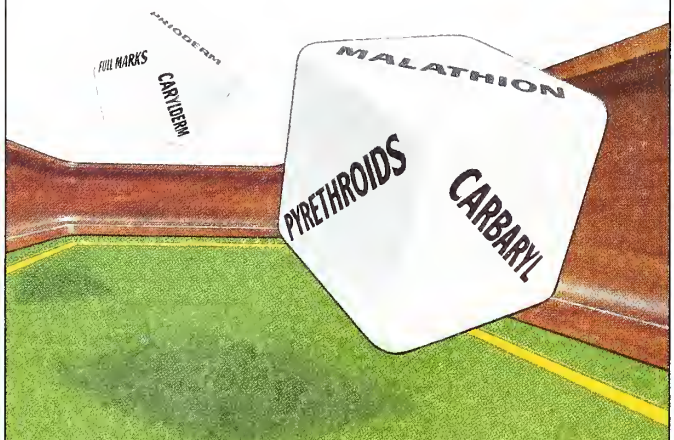
And because Nelson & Russell is part of the Nelsons group, you're guaranteed the same 40% margins and growth you get with all Nelsons' product lines. In fact, last year the aromatherapy market expanded by 35%, generating a staggering £15 million RSP. So when your customers ask about the wonders of aromatherapy, look at the figures and recommend Nelson & Russell.

NELSON & RUSSELL

A R O M A T H E R A P Y

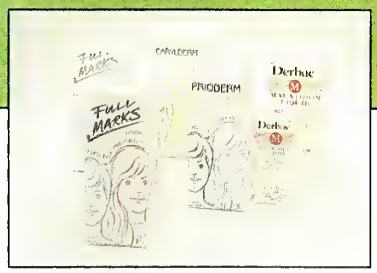
For full details of the Nelson & Russell Aromatherapy range call us on 081 946 8527.

DON'T DICE WITH LICE!



USE THE ROTATION POLICY

And treat all the family with NAPP head lice treatments



In September, 1990 the National Pharmaceutical Association (NPA) issued a directive that "insecticides should be used in strict rotation to prevent head lice becoming resistant." It is therefore imperative that you adhere to the rotational policy set by your local Health Authority.

Three classes of insecticide are available for rotation – pyrethroids, malathion and carbaryl. Napp Consumer have a full range of products to fulfil all requirements of the rotational policy; these include **FULL MARKS** Shampoo and **DERBAC** Aqueous Liquids for those who are unable to tolerate alcohol-based products.

- Pyrethroids – **FULL MARKS**® Lotion and Shampoo
- Malathion – **PRIODERM**® Lotion and **DERBAC**®**-M** Aqueous Liquid
- Carbaryl – **CARYLDERM**® Lotion and **DERBAC**®**-C** Aqueous Liquid

The NPA also recommend that all members of the family are treated at the same time as the affected individual; this may prevent reinfection.

NAPP Consumer Products Division, Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge CB4 4GW

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It's the only responsible recommendation

GB Products are offering pharmacists a selection of their best selling hairbrushes to sell at £0.99 each. The hairbrushes come in a parcel costing £80.88 and containing two dozen each of the six best sellers. A free merchandiser comes with the order. GB Products Ltd. Tel: 0532 323360.

Sunkissed lips from Cutex

Cutex have added Sunkissed Lips, a collection of eight new Sheer Lip Shades for Summer. Sheer Lip Shades are translucent and contain a sunscreen, emollients and oils for extra conditioning in high temperatures. The lipstick gives a dewy finish and has a soft texture, say Cutex.

The new lipstick (£2.99) is available in peach, coral, red, pink, lilac, blackcurrant, beige and tan. New packaging has been designed to distinguish it from Lasting Colour lipstick.

Cutex have also produced a consumer leaflet which features a free Summer gift of a brightly coloured cotton sarong. It comes free when consumers spend £5 or more on Cutex products. **Rimmel International. Tel: 071-637 1621.**

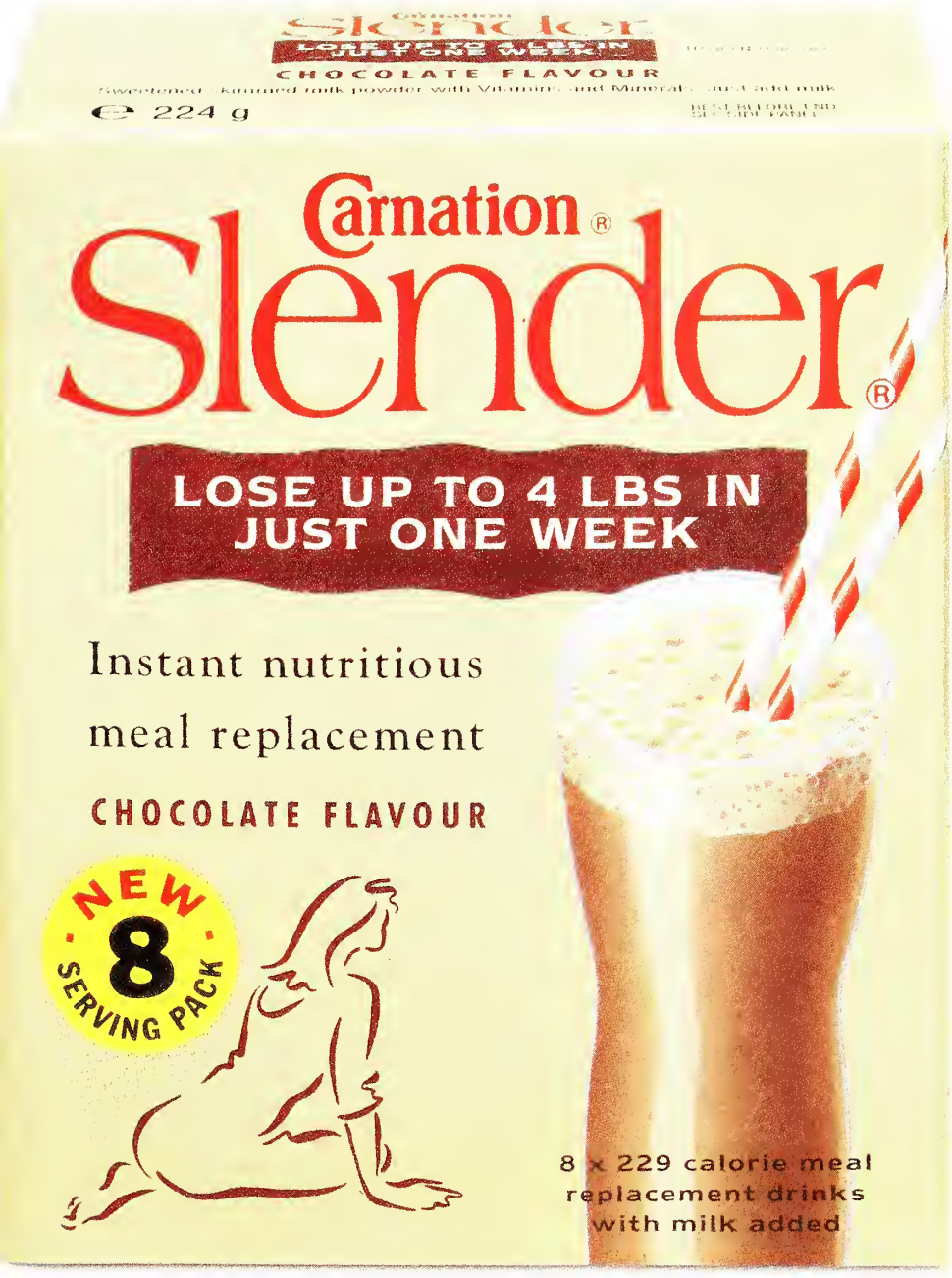
On TV Next Week

GTV Grampian
B Border
BSB British Sky
C Central
CTV Channel Islands
LWT London Weekend
C4 Channel 4
U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television
TV-am Breakfast Television
STV Scotland (Central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

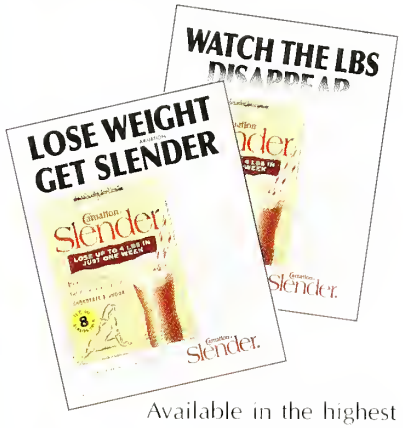
Allereze:	TV-am
Andrews Antacid:	All areas
Aquafresh Flex:	All areas
Aquafresh toothpaste:	All areas
Ambre Solaire:	All areas
Benylin:	TV-am
Bodyform Plus:	All areas except G,C,CTV,C4
Colgate great regular flavour:	All areas
Colour Confidence:	GTV, B, Y, C, A, TVS, LWT,TT,C4
Hawaiian Tropic Suncare:	C,TVS
Hero:	All areas except TV-am
Immac:	All areas except TTV, TVS
Impulse Bodyspray:	All areas except C4
Lynx Bodyspray:	All areas except TV-am
Macleans Active Mouthguard:	All areas
Macleans toothpaste:	All areas
Optrex:	All areas except GTV,STV,C4,TV-am
Panadol Extra:	TV-am
Ponds Hydro Nourishing:	All areas except U
Remegel:	TV-am
Slim-Fast:	All areas
Solpadeine:	TV-am
Synergie:	All areas
Ultra Togs:	TV-am
Wella Balsam shampoo & conditioner:	STV, Y
Wella Wash & Care 3 in 1:	STV, Y
Wrigley's Extra & Orbit:	All areas

CARNATION®

GET SLENDER® GAIN POUNDS



A weighty colour press campaign breaks in June featuring the new 'Slender' 8-serving pack.



Available in the highest volume flavours, chocolate and strawberry, each pack comes complete with its own measuring scoop.

In a concentrated burst of full colour pages across the range of popular, high circulation, quality slimming and women's interest magazines, the message is clear.

And a minimum of 27 million readers will get it.

Make sure you get it first.

Give the new 'Slender' packs prominent display and watch the pounds appear.

Call us on 081-667 6017. 'Slender' consumers have a lot to lose, you have everything to gain.

Carnation® Slender®

Nestlé UK Ltd · St George's House · Croydon · Surrey · CR9 1NR

'Carnation' and 'Slender' are registered trade marks

Hero range extends

Elida Gibbs are adding an anti-perspirant aerosol to the Fabergé Hero range, plus a trial size version of the body spray.

Featuring the bold Hero colours in red, grey and orange, the anti-perspirant will be priced at £2.45 (200ml), and will complement the other deodorant items in the range.

The trial size Hero body spray will be priced at £0.99 for 75ml.

The products will be supported by a £2.2 million national television, Press, and cinema advertising campaign, and a sampling programme for Hero moisturiser and aftershave throughout the Summer. **Elida Gibbs. Tel: 071-409 6236.**

Bath blues banished

The UK personal washing market is in excellent shape, with consumers spending more time and money on washing, according to the findings of the Cussons 1992 Personal Washing report.

The growth of showering, the emergence of the male toiletries user and the success of the facial wash sector have been prime movers in this development, which in turn has lead to retailers devoting more space to a wider range of personal washing products.

Bath additives is the biggest market, worth some £115 million in 1992, although only foams have grown recently — now accounting for 77 per cent of this market.

Sales in the shower gel market have grown significantly, from the 1987 figure of £14m to £40m last year and, according to Cussons, shower gel is still under-performing.

Facial wash, another relatively new product, is also predicted to double in size over the next two years, to a market worth over £30m. **Cussons (UK) Ltd. Tel: 061-792 6111.**

Ricci offer

Nina Ricci are offering consumers a free gift of a selection of products from Ricci Club and a golf towel with any two Ricci Club purchases, including one fragrance.

Included in the coffret is a 10ml eau de toilette, 50ml deodorant spray, 30ml aftershave balm and 30ml hair and body shampoo. **Nina Ricci.071-493 8232.**

Lite maternity legs

Scholl have relaunched the Maternity range of support tights, completing the line-up of Lite Legs.

The tights have two support factors — SF7 for medium support and SF12 for extra firm support. An expanding panty section provides extra comfort by growing with the wearer during pregnancy.

Available in soft black and sable SF7 retail at £4.15, while SF12 retail at £13.15. Both come in small, medium and large sizes. **Scholl Consumer Products Ltd. Tel: 0582 482929.**

Sensor on TV for fathers

Gillette have announced a £250,000 two week national television advertising campaign supporting the Sensor shaving system in the weeks leading up to Father's Day.

The 20-second commercials, continuing with "The Best a Man Can Get" theme, will run from June 8-21. **Gillette UK Ltd. Tel: 081-560 1234.**

Andrex goes moist

Scott have launched Andrex Moist Toilet Tissue, an extra thick, soft wipe, moistened with a hypo-allergenic lotion, designed for use after normal toilet tissue.

The Moist Toilet Tissues will be promoted via a £2 million advertising and sampling campaign, and follows Scott research.

They will be available in tubs of 40 wipes (£1.69) and a travel pack of eight wipes (£0.66). **Scott Ltd. Tel: 0342 327191.**

New taste

Hermesetas are promoting their new taste with a national TV advertising campaign, which will target younger consumers.

In addition, Press advertising will appear in women's magazines during the Autumn. **Jenks Group. Tel: 0494 533456.**

Health for Beauty oils campaign to Press

Seven Seas are launching a campaign for their Health for Beauty oils.

Press advertisements will appear in a selection of women's magazines and comprise a different advertisement for each of the five variants. The £250,000 campaign runs until the end of August. **Seven Seas Health Care. Tel: 0482 75234.**

Promotion for Hawaiian Tropic

Hawaiian Tropic will be heavily promoted throughout the Summer, with the campaign breaking in June with advertorials in *Marie Claire, New Woman, Looks, More, Options,* and *The Clothes Show* magazines, as well as television advertising.

From the end of June, a ten week promotion will also be running in the *Sunday Express.* Called "holiday hotspot", this will include customer sampling of the Hawaiian Tropic product range, aimed at reaching 10 per cent of all Brisith adults.

Free merchandising material is also available. **Warner-Lambert Health Care. Tel: 0495 762468.**

Apart from making advertising history, Forward is the first ready-to-feed follow-on milk on the market.

With such a pioneering campaign and unique product benefits, Forward is set to grow the babymilk sector in value and volume.

The 30" and 10" commercials will break on television nationally from 16th June, positioning Forward as the ideal weaning milk for babies of 6 months and over.

Also, as part of this £1 million launch campaign, we're running press ads in Parent Care magazines. And sampling Forward to 500,000 mothers through the Bounty Progress pack, PR offers and direct mail.

It seems for this babymilk there's only one way to go. Forward.

Young Nutrition babymilks are distributed by Britannia Health Products Ltd. To place an order, telephone Andy Crumpton on 0737 773741.

Dry skin tints from Almay

Almay have introduced two new tinted moisturisers — Ultra Rich Protection Cream for dry skin and Ultra Light Protection Cream for slightly dry skin.

The new range follows the success of the tinted range for normal and combination skins, taking the number of products in the range to six.

The moisturisers give a matte, transluscent finish and are hypo-allergenic, non-comedogenic, and lanolin and fragrance free. Each contains UVA/UVB sunscreens, shea butter, silicones and a humectant.

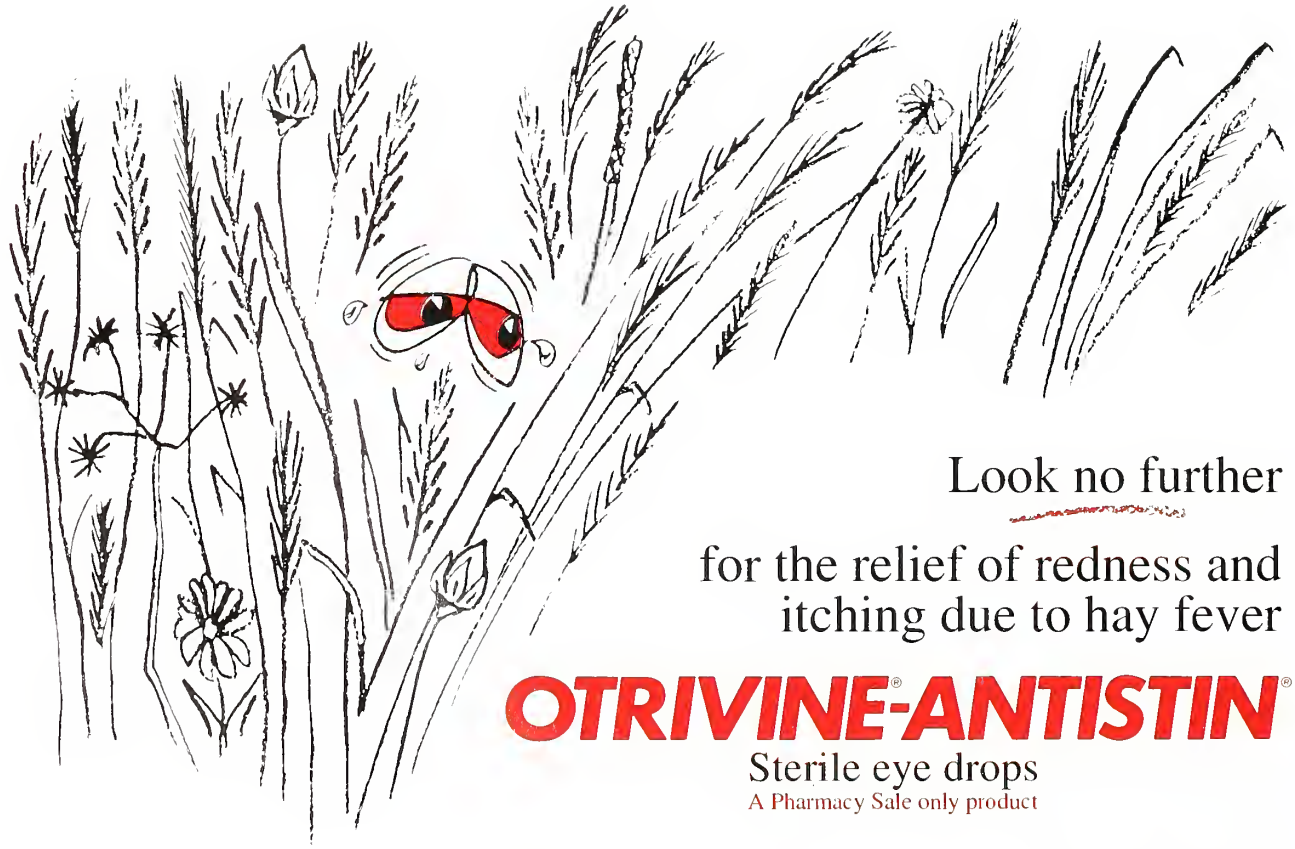
Ultra Rich comes in Sandstone and Dune tones, while Ultra Light comes in Sahara and Beach tones. They will retail at £7.45 (30ml) each. **Sarah Lee UK Ltd Household & Personal Care. Tel: 0753 523971.**

Win a place in the sun with Unichem

Unichem are giving pharmacists the chance to win a free place on their 1992 Cyprus convention.

Throughout June and July independent pharmacies stocking a selected range of Unichem toiletries will be entered into the competition. To enter pharmacists need to order ten products from the range. Five pharmacists will be able to take their partners to the convention. **Unichem. Tel: 081-391 2323.**

Gillette are introducing Travel Packs, travel size versions of their Right Guard Drive, Vogue and Sport aerosol variants. The packs will retail at £0.59 each. Gillette UK Ltd. Tel: 081-560 1234.



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CIBAVision® Ophthalmics

Our Ready-To-Feed has got something up its sleeve

The boxes have gone and and in their place are bright, new, colour-coded sleeves.

Nutrilon Premium, in green, and Nutrilon Plus, in blue, make a colourful display that's guaranteed to attract parents in droves this Summer.

Cow & Gate Ready-To-Feed babymilks are more 'ready' than any others. So don't get caught out – get stocks in.

Ready

No carton to open. No mixing required. In short, no more fuss...

Set

Just attach sterile teat unit

(Bottles compatible with most makes of teat units)

Go

It's Ready-To-Feed

Breastmilk is the best food for babies. The purpose of infant milk formula is to replace breastmilk when a mother cannot, or chooses not to breastfeed. The cost of infant milk formula should be considered, and medical advice taken, before deciding how to feed a baby.

Cow & Gate Ltd., Trowbridge, Wiltshire BA14 0XQ. Tel: 0225 768381

Cow & Gate

The Babyfeeding Specialists

Direct Perception change two models

Direct Perception have replaced two models in their reading glasses range.

The unisex plastic half frame (model E £2.95) has an improved nose fitting and redesigned strengthened sides. The ladies' plastic frame (model D £6.95) has become a "high fashion" model, the company says.

The trade and retail prices have been increased, with an overall increase in retail profitability (model A: £6.95; B: £6.95; C: £5.95; TSH: £9.95; TSF: £9.95). Price correcting labels for displays are available.

Direct Perception say that the polycarbonate material used for the sides of model E should be almost unbreakable, but one batch was faulty. The company will replace any faulty items. **Direct Perception. Tel: 081-518 2685.**

Summer silks from Rimmel

Sheer Radiance is the key to Summer beauty, according to Rimmel, who have added two new Summer products to their Rimmel Silks range.

Sheer Moisture Tint (40ml £2.99) combines a moisturiser with sheer, natural looking colour. It comes in three shades — peach, beige and honey.

Protective Self Tanning lotion (30ml £3.49) has an SPF4 and is designed for facial use and is said to give a tanned look with or without the sun.

A consumer leaflet is available offering a free beach holdall for every £10 spend on Rimmel Silks products. **Rimmel International. Tel: 071-637 1621.**

Unichem offers

Unichem have teamed up with Mars to offer a pharmacists and partner the chance to see the Olympic Games in Barcelona.

To qualify for entry, pharmacists need order a minimum of eight outers across a selected range of Mars confectionary and correctly anwer a competition question on the Oympics.

Unichem are offering pharmacists a promotion on the Pampers range and Vidal Sassoon Wash & Go from June 6 until June 20.

Pharmacists buying any seven cases across the Pampers carry pack and value pack will receive a free case of Wash & Go 200ml Ultra Mild, containing 12 normal or light variants. **Unichem. Tel: 081-391 2323.**

Sensiq offer

Sensiq are offering consumers a free towelling beauty bag containing a facial brush and a headband with Pure Performance skincare products.

To receive the free gift consumers need to spend at least £8 on Sensiq skincare products. A point of sale leaflet contains details of the products available and the offer, which runs until September 30. **Sensiq Cosmetics. Tel: 071-409 1413.**

Natural toothpaste goes to pharmacy

Arrowmed Ltd are planning to expand distribution of their Sarakan organic toothpaste to pharmacies. It was previously only available in health food stores.

The formulation (50ml £1.70) contains extract of the Salvadora Persica tree, used in Africa and India to clean and massage teeth and gums. **Arrowmed Ltd. Tel: 0420 64300.**

Safety Grip for kids

The Brainstorm Safety Grip has been designed to minimise the risk of fingers getting crushed in doors and to stop children getting locked in bathrooms.

The horseshoe shaped foam grip neatly fits on to the edge of a door without the need for glueing, screw or nails.

Its performance is not affected by temperature changes, is impervious to water and will not mark or stain. **Brainstorm Ltd. Tel: 0342 312681.**

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For full details, please call: **0602 309319** and ask for Tele-sales.

Or fax your order: **0602 440349.**

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Weleda (UK) Limited,Heanor Road, Ilkeston, Derbyshire DE7 8DR

Sugar-free mints

The Jenks Group are embarking on the second phase of their Velamints sampling campaign. Velamints will feature on covermount promotions in women's magazines. **The Jenks Group. Tel: 0494 442446.**

Palmolive offer

Numark are offering pharmacists a free case of Numark pocket tissues with every four cases of the Palmolive shaving collection ordered. **Numark. Tel: 0827 69269.**

Solpadeine ads

Sterling Health are running a second burst of their Solpadeine "Archers" television campaign and a poster campaign. The television campaign runs from now until August. **Sterling Health. Tel: 0483 65599.**

Correction

Whitehall Laboratories would like to point out that the price of the new Anne French facial wash lotion should be £2.60 (100ml) and the facial scrub £2.71 (50ml), and not as stated in **Counterpoints** last week.

Supersoft ads

Schwarzkopf have launched a television campaign for the Supersoft 3 Weather range. The commercial will run for the first few weeks in June and then for a further four weeks from July 20. **Schwarzkopf Ltd. Tel: 0296 88101.**

Lux give-away

Two million Lux Facial Wash sachets will appear on the front covers of women's magazines *Women*, *Me* and *Chat* in a new promotion campaign, lasting through to July. **Lever Brothers Ltd. Tel: 051-641 4000.**

Remegel success

Warner-Lambert's Remegel has attained a 6 per cent pharmacy share since its launch in February, with independent pharmacies achieving over 7 per cent, claim **Warner-Lambert. Tel: 061-7665471.**

Super Seatone

Seatone is offering customers who purchase 90-capsule bottles with special collars in June, the opportunity to receive three free pen grips and a Seatone pencil. **Healthcrafts Ltd. 0932 336366.**

Pharmaton offer

Windsor Healthcare are offering pharmacists six packs of Pharmaton capsules for the price of five. **Windsor Healthcare. Tel: 0344 484448.**

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***THE* PAGING SPECIALISTS**

NAO report: 'We must produce own agenda for change

So the National Audit Office has dared to voice what we have always known. There are just too many community pharmacies. I have no doubt that the NAO report will prove to have had many complimentary things to say about community pharmacy, these things are self-evident. Flattering statements will have been made about our service, about the availability of a health professional at the drop of a hat on every High Street, about under-utilisation of highly qualified products of the educational system, etc, etc.

But as I write this the newsworthy headline in my newspaper is about the closure of one in four High Street pharmacies, and the consequent savings to be made by the Treasury — plaudits are not news.

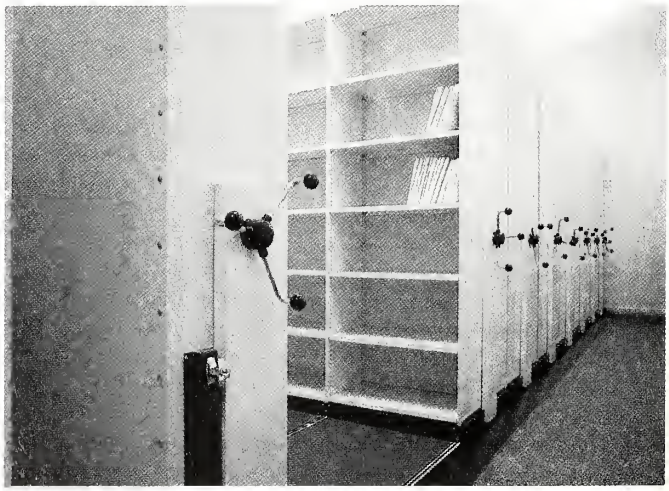
Nevertheless it enables us, as a profession, to take a responsible line and face the problem and the possibilities head-on. Until now, any pharmacist with pretensions to a political future, whether it be PSNC, PGC or RPSGB, has hardly dared to raise themselves above the parapet to voice the most open secret in the profession.

So what do we do? Firstly we admit the possibility that nationally the NAO is right in its conclusion. We might also — and I believe this is top priority — set up a Working Group of our own to report rapidly on a solution. This must include: how to cope with regional variations and needs; whether to promote a closure/compensation scheme; how to ensure that any savings are kept within the service; how to ensure that the public, as well as the profession are consulted, and how to influence the admissions policy of Schools of Pharmacy. What we must surely not do is to deny the case, put on the blindfolds and earplugs, man the barricades, invite the Department of Health to produce a grossly inequitable series of settlements, and let attrition by market forces solve the problem. If we do that, we all know the outcome. Domination by the multiples, vital surburban, inner city, and rural pharmacies decimated. Massive hardship for individuals, lifetimes' work destroyed, and a bleak future for the young of our profession.

I have been attempting to get this message across for some years, and it relates to our inability to root out the incompetent and those who, by the standards of their premises and practices, have tempted government agencies into these statements. What we have needed is contraction *and* development, closure of the inept and unworthy *together with* growth of the necessary and most professionally innovative. These changes will take place, but they must be profession-led, not imposed. This is our last opportunity before it is forced upon us. Do our leaders have the courage or will they prefer, with one eye on the ballot box, to bluster and/or wring their hands, relying on the survivors for their own preservation?

This is the time to prove that it is not just about more disappearing corner shops as the media will resignedly report, but about nothing less than the survival of an honourable profession, at the very least in a form which we can recognise. A quick response from our leaders is required. A deal must be concluded this year or the Bridges Working Party report on Pharmaceutical Care can be consigned to the rubbish bin of pharmaceutical history.

Peter J. Curphey
Isle of Wight



Ciceri are marketing a mobile shelving system which is said to dramatically reduce the space required for the storage of NHS medicines. The company argues that this frees up valuable space that can be added to the shop display area. Tel: 071-607 9115

ALL PEAK FLOW METERS

ARE NOT THE SAME!

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A major new promotion is now underway to G.P.'s throughout Britain, aimed at increasing their awareness of the benefits of prescribing Peak Flow Meters and how the **Pulmo-Aide Vitalograph** Peak Flow Meter in particular can help to increase patient compliance. Prescriptions are bound to increase, so be sure to carry stock.

And, the next time you're asked to fill a prescription for 'a Peak Flow Meter', be sure to offer them the instrument that's most convenient and simple to use — the **Pulmo-Aide Vitalograph** Peak Flow Meter.

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A law honoured in the breech: doctor supervision of dispensing

When pharmacist Robert Gartside's local pharmaceutical committee was asked to help train dispensing technicians for a GP practice he decided it was time to check the legal position...

The primary legislation governing the supply of medicines is the Medicines Act 1968 which states that dispensing of Prescription Only Medicines may only be carried out by a pharmacist, by a person acting under the direct supervision of a pharmacist, or by a doctor, and the terms "pharmacist" and "doctor" are tightly and rigidly defined.

Case law establishes that direct supervision by a pharmacist is only exercised when the pharmacist is always in a position to know what work is being carried out and can intervene immediately in that work.

Nowhere in the primary legislation is there any mention of dispensing POMs by a person acting under the direct (or indeed, indirect) supervision of a doctor. Clearly, Parliament had in mind that dispensing by pharmacists in pharmacies would be the norm (and a pharmacy is tightly and rigidly defined in the Act), and that dispensing by doctors would be an emergency procedure which they would carry out themselves.

The Act nowhere mentions (let alone defines) doctor's dispensaries, although many other classes of pharmaceutical establishment, from prime manufacture through to dispensing for the patient, *are* defined. Moreover, standards, both of construction and of operation and staffing, are laid down and modes of inspection to ensure compliance are defined.

For example, all manufacture of medicines for human use must be under the control of a "qualified person" and such persons are rigidly and tightly specified in a way which, *pari passu*, excludes doctors.

Illegal practice

Although the claim is frequently made that doctors may delegate dispensing to unqualified persons, the Medicines Act nowhere specifies that such action is legal and there is no case law to support this claim. The presumption must be that this admittedly common practice is illegal.

This presumption is supported by the format and content of training courses for pharmacy technicians. These are designed to train technicians to work under the immediate supervision of a pharmacist, since this is the only legal way in which technicians may work.

There is, and never has been, any possibility that technicians could be trained to work unsupervised since training to such a standard would produce pharmacists.

So there is an uncomfortable feeling that unqualified workers in surgeries may be dispensing while unsupervised, in the sense that the doctor is not in a position to be aware of their actions and to immediately intervene in what they are doing.

The contrast between someone in this position and the three year degree plus one year's postgraduate study required of a pharmacist before he or she is allowed to dispense could scarcely be more marked.

Doctors' rights

Every doctor must have the right to personally dispense for his patients in an emergency, and in such cases it is to be expected that his wishes with regard to the patient's treatment will be followed, but the Medicines Act specifies that all other dispensing must be by pharmacists or by persons under their immediate and direct supervision.

Any lesser training will not produce a pharmacist and is only of value in producing persons to work under the immediate supervision of a pharmacist; for such persons to work without supervision would be a danger to the public health.

To varnish ignorance in pharmaceutical matters with the brisk application of a few night's necessarily cursory study would be a recipe for disaster. In no other field is a little knowledge more dangerous. It would be akin to licensing the hangman to perform surgery because of his knowledge of anatomy.

Only the appropriate course of study can produce a person qualified under the Medicines Act to dispense or to supervise the dispensing of POMs. Such an appropriate course of study produces pharmacists — nothing less will do.

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Baby Drinks

THE TASTE OF SUCCESS

*Source: Independent Panel Data 1991.

Pharmacy update

In two minds...

The trend towards caring for mentally ill people in the community is having increasing repercussions for pharmacists. Charlotte Coker, MRPharmS, looks at schizophrenia, its management and the role of the pharmacist.

Schizophrenia is a common and disabling mental illness. It affects 250,000 people in the UK and 17 million globally, which means that about one person in a hundred suffers from the condition.

Both sexes are affected equally, although women usually develop schizophrenia about five years later than men. The age of onset is normally between 15 and 30 years.

Contrary to popular belief, schizophrenia is not a multiple personality disorder. The literal meaning of schizophrenia is split mind, which refers to the breakdown of the relationship between what a sufferer thinks and reality. The term is used to describe a group of psychotic illnesses characterised by disturbances in thinking, emotional reaction, and behaviour.

There are four types of schizophrenia which are classified according to the history of the disorder and the major signs and symptoms. These are:

- **Simple schizophrenia** This develops in adolescence or early adulthood. It is characterised by shallow emotions, personality erosion and isolation from society, resulting in loss of employment, crime, and vagrancy.
- **Catatonic schizophrenia** This begins in late adolescence or early adulthood. Sufferers may first suffer from insomnia and depression. They also have problems with physical co-ordination of the limbs. The catatonic state alternates with periods of psychotic excitement.
- **Hebephrenic schizophrenia** This starts later in life, and develops slowly. Characteristics are thought disorders and shallow emotions, delusions and hallucinations. The first signs may resemble depression and sufferers may attempt to commit suicide.
- **Paranoid schizophrenia** This usually comes on after the age of 30. Delusions and hallucinations predominate.

There is also milder condition called schizoid personality — an inability to relate socially with other people — which occurs more frequently; one in ten suffers go on to develop schizophrenia.

Schizophrenia can be acute or chronic. Acute attacks usually last no more than a few weeks and tend to respond to treatment. About a third of people with schizophrenia have only one attack and recover completely.

But schizophrenia is usually a chronic condition and there may be further acute attacks. This pattern of remission and relapse is the norm for two thirds of sufferers.

A large degree of confusion still surrounds schizophrenia, and it is diagnosed only after careful and prolonged consideration of the sufferer's symptoms.

Positive...

There are two main types of symptoms in schizophrenia, which are classed as positive and negative symptoms. Positive symptoms normally occur during an acute attack. They tend to affect thinking, beliefs and the interpretation of experiences, and may become so intrusive that they disrupt the sufferer's capacity to concentrate, go to work and maintain relationships. They can be unpleasant and frightening.

Some sufferers feel their thoughts are no longer private, others believe thoughts have been inserted into their heads by objects or people. A schizophrenic may suffer from delusions — for example, that their body is rotting away inside — or paranoid delusions, for example, that a relative is poisoning their drinks. Sometimes they will hallucinate, hearing either friendly or unpleasant things; they may talk, shout back or behave strangely. Other sorts of hallucinations may involve an unusual vision, taste, smell or feel.

... and negative symptoms

Negative symptoms are usually noticed after an acute attack. The sufferer stops being able to do everyday things well. Their energy levels and motivation may be affected to the extent that they lose interest in themselves and neglect their appearance, hygiene, food and warmth.

These are often the most bewildering symptoms for relatives. The affected person may seem to lose interest in

Continued on p984

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Seton Healthcare Group plc

Seton Healthcare Group plc, Tubiton House, Oldham OL1 3HS, England. Telephone: 061-652 2222

Mycota is a Trade Mark of Seton

Continued from p982

family and friends and be very difficult to talk to. They often withdraw into themselves and lose self confidence.

Causes

There are thought to be several causes of schizophrenia — genetic, environmental, biochemical and anatomical — which may work together to bring on the illness.

Schizophrenia tends to run in families with the parents, children or siblings of an affected person having a 10 per cent chance of developing it. If both parents or a twin are affected, the likelihood rises to 50 per cent. And environmental stress, such as a death in the family or serious illness, may trigger schizophrenia in someone who is genetically susceptible.

The illness is believed to be associated with a biochemical abnormality — an overactivity of the dopaminergic systems in the brain. The main evidence for this is that the neuroleptic drugs used to control the major symptoms all block dopamine receptors.

Finally, brain disorders, injuries, and abnormalities tend to be related to schizophrenic symptoms.

Management

There is no cure for schizophrenia, but the condition can be controlled by drug treatment. Social treatments and counselling of sufferers are also useful.

Drug therapy with chlorpromazine revolutionised the management of many psychiatric disorders when it was introduced in the mid 1950s. It is still in wide use today.

This and other neuroleptics (major tranquillisers) are normally helpful for the positive symptoms in an acute attack of schizophrenia and the drug of choice should be given as soon as possible. This helps to reduce the disturbing and distressing symptoms like delusions and hallucinations.

However, the use of neuroleptics is associated with a number of adverse effects which vary according to the chemical nature of the drug. Extrapyrimidal symptoms (EPS) — Parkinsonism (tremor and rigidity), acute dystonia (abnormal involuntary movements), akathisia (uncontrolled restlessness) and tardive dyskinisia (a chronic type of dystonia) — occur commonly.

Other effects include dry mouth, constipation and blurred vision.

The drugs may also take weeks to reach their full effect. And although relatives can see the benefit, those affected sometimes do not feel better because of the drugs. This can make it difficult for them to accept the medication and recognise its benefits.

Long term preventive treatment may be necessary once the acute attack is over. However the side-effects of these drugs cause many people with schizophrenia to feel they have traded one disability for another.

In addition, the drugs may not work well all the time and may not keep all the symptoms at bay. Persistent symptoms may have to be managed in other ways. In some cases, the sufferer may find it hard to believe that the drugs have a preventive effect and they may want to stop taking the medication when the immediate crises has passed. They then run the risk of the illness returning.

People who have had schizophrenia are vulnerable to another attack triggered by events or stress that others would take in their stride. Social treatments include organising events to reduce stress and provide more productive patterns of living. Negative symptoms are thought to respond best to this sort of treatment, although there is some recent evidence that it may actually result in an increased risk of relapse.

Negative symptoms are said to be unresponsive to conventional antipsychotic medication, but those that appear during the acute phase improve. And they may also improve if depression and extrapyramidal symptoms are treated.

Individual counselling is often useful — it allows suffers to talk about the problems schizophrenia has caused, how they feel now, and how recurrences can be prevented. Many people find it hard to believe they are ill. Unfortunately some never understand their condition or agree they have been unwell.

In the community

During an acute attack, schizophrenics normally need to be hospitalised. Having recovered, they are discharged into the community for maintenance treatment.

An increasing number of people with mental illnesses are being discharged into the community from psychiatric hospitals as a result of NHS cuts, despite criticism from pressure groups that the resources in the community are far from adequate. Many patients are left to fend for themselves with little or no support.

With schizophrenics the fear is that they will be more prone to relapses in the community. Their continued wellbeing depends largely on whether they comply with regular oral medication.

Two-thirds of patients who fail to comply with their treatment relapse within 18 months. And a third of patients on maintenance therapy fail to comply with their treatment because of the unpleasant side-effects associated with most of the drugs available for treatment — with the predictable result. Some doctors advocate the use of depot drugs for patients in the community, however these may not guarantee compliance if patients fail to continue with them.

Self help support groups can give help and information to sufferers, their relatives and carers, yet schizophrenics may need more help. They are being put at increased risk of relapse, and it is here community pharmacists have a role to play.

An increasing number of community pharmacists are interested in extending the services they offer to the mentally ill, and many are already taking advantage of the growing number of psychiatric pharmacy training courses.

Pharmacists can offer more specialised dispensing services such as monitoring, prescribing and issuing compliance aids. This is particularly relevant for schizophrenics. Encouraging them to comply with their medication could keep them out of hospital and free valuable resources. It helps them to make good use of their medication and become more responsible for their own health, rather than just passively receiving treatment.

Pharmacists can also become involved in monitoring medication in nursing and residential homes and hostels for young schizophrenics. And they can offer a confidential advisory service to patients and, just as importantly, to those who care for them at home. Carers may need support and help to cope in difficult situations.

Further information

- **The Psychiatric Pharmacy Group.** Membership is open to all pharmacists interested in mental health. The group organises training courses. It also has a newsletter and holds annual conferences (September 30 - October 2, 1992, in York). Details from Alison Cropper at the Royal Dundee Liff Hospital, Liff-by-Dundee DD2 5NF.
- **The National Schizophrenic Fellowship** has a network of 150 support groups for sufferers and relatives. 28 Castle Street, Kingston-upon-Thames, Surrey KT1 1SS.
- **Sane (Schizophrenia: a national emergency)** provides advice and information about schizophrenia. 5th floor, 120 Regent Street, London W1R 5FE. Saneline - 071-724 8000 (Fridays 6pm to 2am, Saturdays/Sundays 2pm to 2am).
- **Mental Health Foundation.** 8 Hallam Street, London W1N 6DH. Tel: 071-580 0145.
- **Mind (National Association for Mental Health),** 22 Harley Street, London W1N 2ED. Tel: 071-637 0741.

Which drug?

Despite nearly 40 years of research, none of the neuroleptics introduced after chlorpromazine have been accepted by clinicians as being more effective. And all produce varying degrees of side effects.

The ideal drug for schizophrenia would be as effective as chlorpromazine; selectively block dopamine D2 receptors in areas of the brain thought to be responsible for schizophrenic symptoms; have little, if any, effect on the extrapyramidal system; and be free from side-effects.

Chlorpromazine and other phenothiazines, such as fluphenazine, thioridazine, trifluoperazine and pipothiazine, have a fairly non-selective action, block a variety of receptors and producing adverse reactions, including extrapyramidal symptoms (EPS).

Butyrophenones such as haloperidol and droperidol, are more selective for the dopamine receptors than the phenothiazines and so are potentially less likely to make patients sleepy or to gain weight. But their reduced anticholinergic effects make EPS more likely. This is also true of pimozide, a diphenylbutylpiperidine, which acts almost exclusively on dopamine receptors. Its use may be associated with severe cardiovascular effects.

Clozapine, introduced in 1989, is a dibenzazepine. As well as blocking dopamine receptors, it seems to have a potent inbuilt anticholinergic action. This may be why it is associated with a low incidence of EPS. Clozapine may improve patients who are resistant to other neuroleptics. Particular interest has focussed on its ability to block 5HT2 receptors. There have been reports of agranulocytosis in up to 1 per cent of patients.

Sulpiride, a substituted benzamide, is unlike nearly all the other agents on the market because it selectively blocks D2 rather than both D1 and D2 receptors. It is less like to cause EPS but, because it does not easily cross the blood-brain barrier, it has to be taken in quite high doses. At these levels it can cause a pronounced rise in prolactin levels which may result in amenorrhoea and galactorrhoea.

Remoxipride is a new benzamide which is said to be associated with a much lower incidence of EPS and be less sedating than traditional neuroleptics. Autonomic and endocrine side-effects are infrequent and relapse is said to be less likely.

Treatments being evaluated for schizophrenia include the 5HT3 antagonist ondansetron. Studies have shown it to improve both positive and negative symptoms while being well tolerated and producing no significant extrapyramidal or other side-effects.

- Depot neuroleptics, used for maintenance therapy, are the fatty acid esters of phenothiazines such as flupenthixol decanoate and fluphenazine decanoate. Single injections may last one to four weeks. The bioavailability of the drug may be improved, however, toxic effects are said to be at a similar level to oral neuroleptics.

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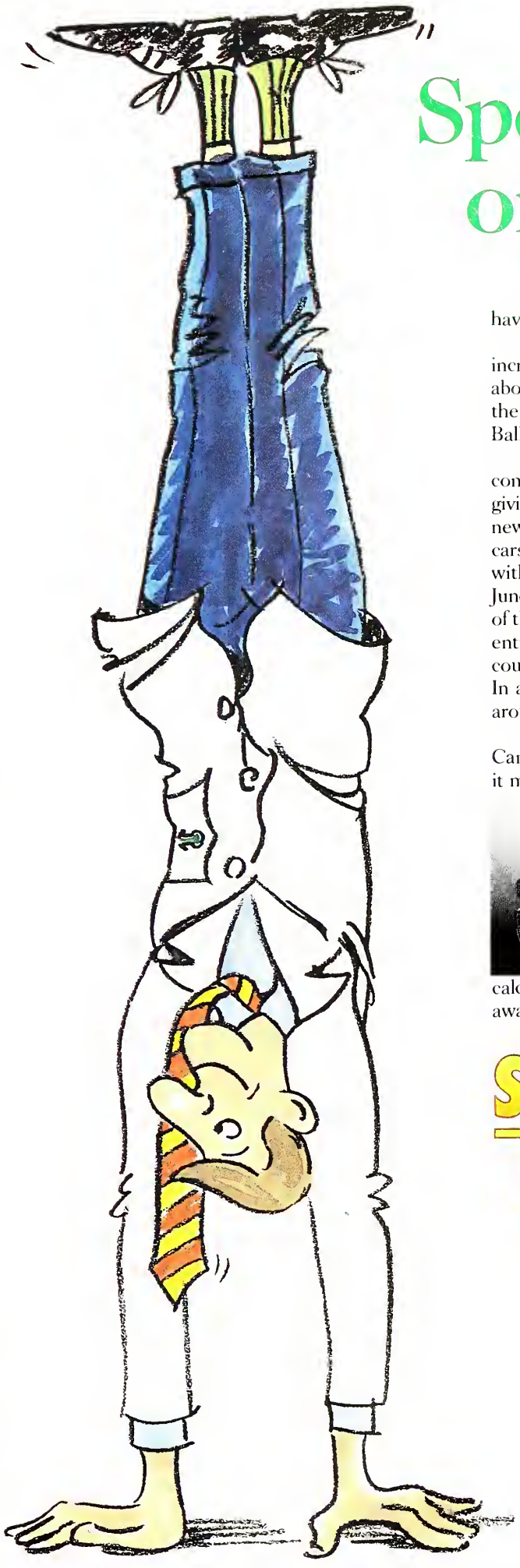

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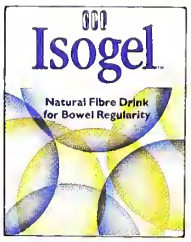

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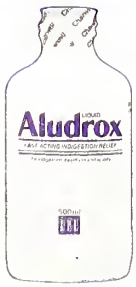

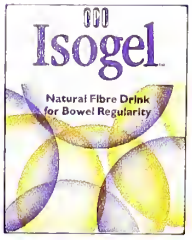

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Back pain blues

According to statistics, almost half the population have suffered back pain at some time and around a third are suffering now or have had pain within the last year.

One in 10 of the population suffers from back pain almost constantly and in 5 per cent it has caused a change of job. It can be seen that back pain, while very common, can also be debilitating. There are also economic implications as around half the sufferers take up to a week off work and 7 per cent are off for over a month.

With the prevalence of back pain being so high, one would expect GP consultation rates to be high. However, while 50 per cent of back pain sufferers are thought to be taking medication, only an estimated 10 per cent of these have consulted their GP. So there is a high level of self-medication and an obvious and important role for the community pharmacist.

Back pain may be caused by many things but the most common causes are trauma and injury, poor posture and degeneration of the vertebrae. Other causes include cancer, obesity, pregnancy, stress and infections such as flu, and infections of the spine itself.

There appears to be a link between occupation and the incidence of back pain. For those in jobs that require heavy manual work such as nursing and building, the likelihood of suffering back pain is much higher than for those in less energetic occupations.

The back consists of around 25 bones, forming a column that allows walking in an upright position. It is an amazing feat of engineering. There are seven cervical vertebrae, 12 thoracic, five lumbar and five which are fused to form the sacrum and the coccyx.

Central support

Hundreds of muscles, tendons and ligaments provide support and movement. The body of each vertebra provides the support and each of these is separated from the next by a disc. This disc is made of a fibrous outer layer with a softer centre which acts as a shock absorber. When healthy, the disc has a very high water content. The vertebrae also have facets which control movement, and a hollow canal, the spinal column, which houses and protects the spinal cord. Ligaments join the vertebrae together and limit movement. The muscles provide support both laterally and vertically via the tendons.

In the foetus, the spine is one long curve. After birth, due to various developmental changes including the ability of the infant to hold its head upright and sit upright, other curves are formed. These allow balance in the upright position and eventually allow the individual to stand erect with little or no strain being put on the supporting muscles.

The muscles usually have to compensate for each other: when a person bends to the right, the right hand muscles pull the torso to the right while the left hand muscles prevent the individual falling over, thus maintaining balance.

Posture

Abnormal curvature of the spine may be structural or functional. Structural curvature is either hereditary or due to structural changes that have occurred to the spine due to disease or injury. Functional curvature occurs as a result of pain and may be corrected after the pain has disappeared.

Poor posture puts an abnormal strain on the spine — it can cause extra wear and tear on the vertebrae and discs, and

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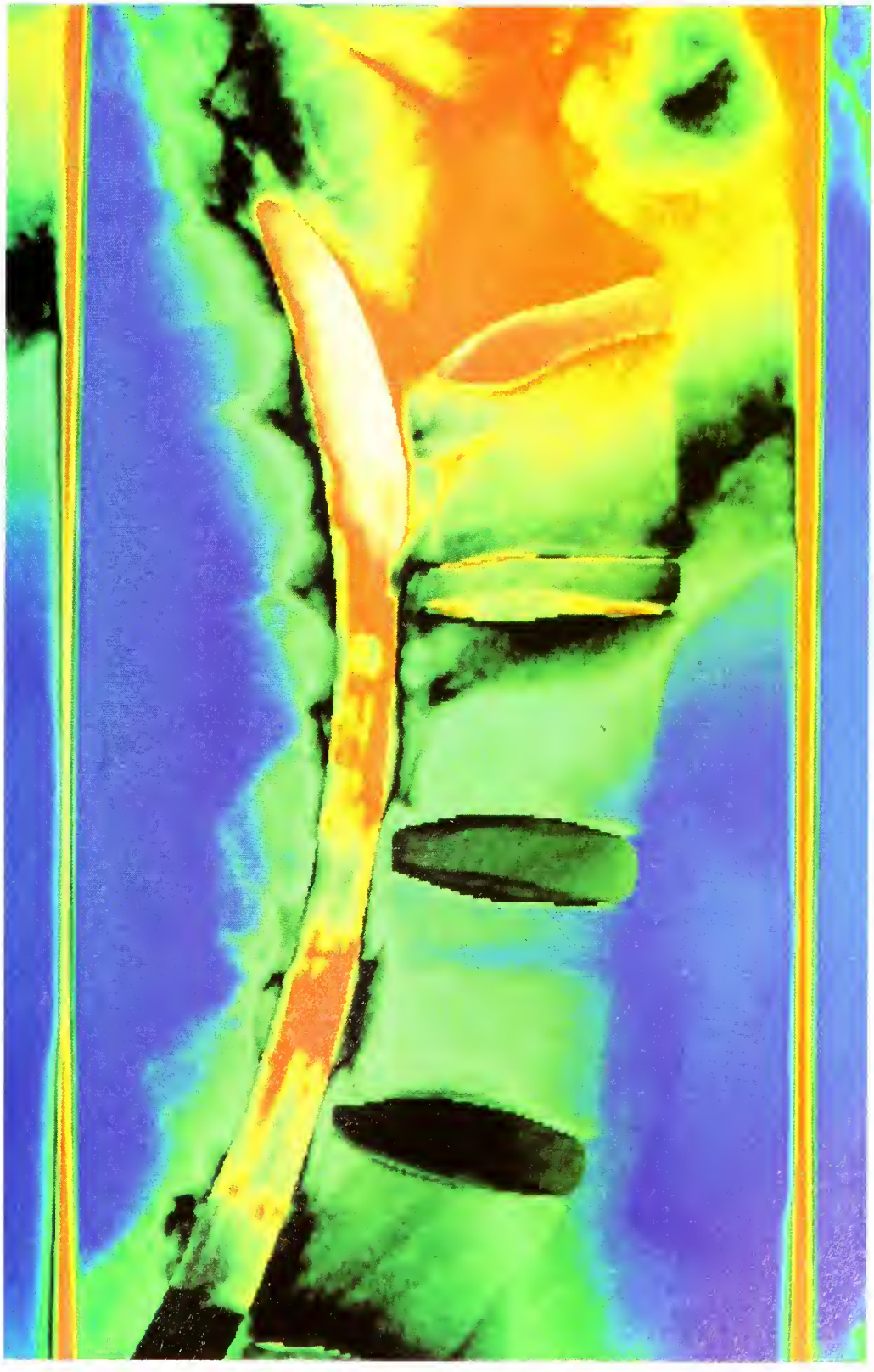

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OTC

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may predispose to a slipped disc or slipped vertebra. Damage can even be caused by poor sitting positions and the slumping of shoulders which is often associated with those who are very tall.

Mechanical or not?

The origin of back pain may be divided into mechanical and non-mechanical. The type of pain, speed of onset and radiation of the pain is different in both cases. This enables, in most situations, a differential diagnosis to be made.

Pain of mechanical origin is due to trauma and/or degenerative changes in the spine and the pain is related to activity. Bending, coughing and other movements will tend to make it worse whereas rest and the application of heat will tend to reduce its intensity. The pain will alter in severity during the day and is usually worse later in the day. Mechanical pain due to minor trauma or degenerative changes is commonly a dull ache.

In contrast, back pain of non-mechanical origin is unrelated to activity or time of day. It may occur spontaneously and become worse, and is not relieved by rest or the application of heat. Patients who present with these symptoms should always be referred as there is the possibility of disease of spinal or neurological origin. Pain of neurological origin is often accompanied by tingling and numbness.

Sprains

Back pain caused by an acute sprain is usually very severe and made worse by movement. There may also be paravertebral muscle spasm. The patient should be referred to the doctor with the advice to go straight to bed, preferably with a firm mattress with a board underneath. A couple of cushions may be placed behind the knees and under the head and shoulder region. Analgesics may be recommended, ibuprofen being the drug of choice with the usual checks for contra-indication, and a reminder to tell the doctor what is being taken. Heat may be applied, but massage is not recommended by unqualified individuals.

Chronic sprain is the most common cause of lower back pain and is often the result of trauma or continual strain upon the back. The pain is similar to that of acute sprain but much less severe and is rarely severe for long periods. Rest is the first choice, and analgesics and the application of heat may provide relief. The use of sprays, rubs and liniments is of dubious value except for their placebo effect and the comforting feeling of the sensation of heat.

For both types of sprain, advice on lifestyle may be of much greater value in the long term. Patients should be advised to avoid lifting heavy or awkward objects. If this cannot be avoided, tuition in the correct way to lift objects should be given. The patient should be shown how to bend at the knees, keeping the back straight and allowing the legs to do most of the work. The elbows should be rested on the inner thighs to provide extra support. Other lifestyle advice includes the importance of sleeping on a firm mattress and using a hard straight-backed chair when sitting.

Dealing with back pain

The main roles of the pharmacist in dealing with back pain are deciding when to refer, and giving healthcare advice to patients along with OTC medication where appropriate.

When clients request treatment and advice from the pharmacy it is essential that a series of questions are asked to ascertain whether the patient needs to be referred. It is important to try and establish both the cause of pain and its intensity. As the intensity of the pain is very subjective, the client should be asked to describe the pain (stabbing, throbbing, dull ache) and questions should be asked to discover the degree of debilitation (ability to sleep, work, walk, complete everyday tasks) which is a good measure of pain intensity.

The following set of questions should be used as a guideline for a patient consultation:

- How long has the pain been present? When did it begin?
- Is the onset related to trauma or injury?
- What type of pain is it? Is there any tingling or numbness?
- Where is the pain?
- Is the patient's ability to work, carry out everyday activities affected?
- What is the patient's job?
- Does the intensity of the pain change during the day and is it relieved by rest?
- Are the bowels affected?
- Is the vision or posture affected?
- Are there any other symptoms such as fever, nausea and vomiting, or pain on urination?

The pharmacist should also ask whether the patient has tried any medical or non-medical treatment and if they are taking any other medication. Patients who are given analgesics should always be reminded to rest even if the pain disappears, as analgesics obviously mask the body's message that something is wrong.

Infections

Back pain is often part of the toxaemia of general infection and is not particularly localised. The pain is usually a dull ache. One exception is back ache associated with meningitis where spasm and severe neck pain may exist. Pain may also be caused by infection of the spine itself, and may start in the disc and spread to the bone. Infections often associated with back pain include tuberculosis, where the pain may be the first symptom several weeks before the emergence of other symptoms. Herpes zoster may cause acute sciatica. Other infections such as urinary tract infections, chlamydia and influenza also cause back pain.

Pregnancy

Back pain is common in late pregnancy and may be caused by the increased weight being carried, an alteration in the centre of gravity and the relaxation of the sacral muscles. The patient may require bed rest, but drug treatment is not recommended except under supervision of the doctor. The application of heat to the area may help.

Other origin

Severe back pain may be caused by what is commonly known as a slipped disc. This occurs when part of the disc protrudes from between the vertebrae and the protrusion puts pressure on an innervated part of the spine such as ligaments. It is of sudden onset and associated with injury or trauma. However, this may be so slight, such as coughing or sneezing, that the patient may not remember the event.

The pain usually radiates down one leg and the patient may not be able to support any weight on that leg. The patient may also lean away from the position of the pain and will walk with extreme difficulty. As with all pain of neurological origin, there may be a numbness and tingling sensation. The patient should always be referred to the doctor.

Rheumatic diseases such as arthritis and ankylosing spondylitis may also cause back pain as can metabolic bone diseases, tumours, intraspinal lesions and lesions of the spinal column.

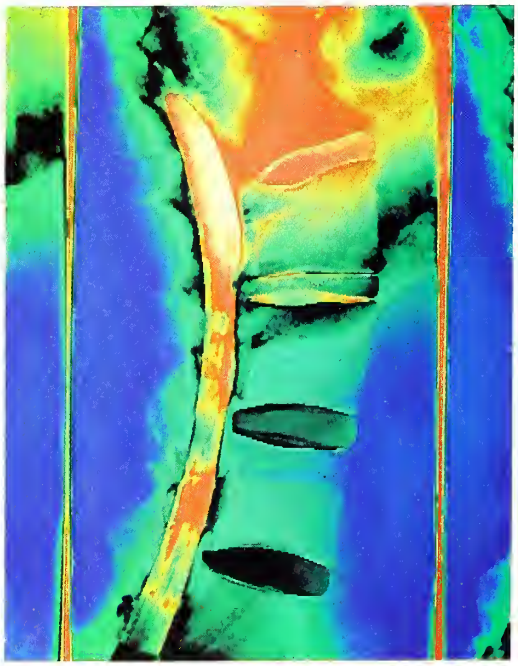
Complementary medicine

Community pharmacists may be asked for advice from sufferers of chronic back pain about alternative therapies. More and more people are trying these as they perceive an apparent inability of conventional medicine to deal with their symptoms in the long term.

Osteopaths and chiropractors are frequently consulted in this country. It is believed that normal movement can be restored by manipulation where the pain is a result of excessive mechanical stress, incomplete healing of an old injury or stress on deteriorating discs and joints. Although short term relief is often achieved, one study (1) has shown few lasting benefits of the treatment for sufferers of low back pain.

The use of osteopaths and chriropracters is considered safe as long as there is no underlying systemic illness, bone pain or evidence of neurological pain (tingling and numbness). Appropriate x-rays should have been taken prior to treatment.

Acupuncture has also been recommended for the relief of back pain, and a particular study (2) has shown a reduction in chronic pain. It is important that only qualified practitioners are used as there is always the risk of transmission of infection by dirty needles.



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Further information

Back Pain Association, 31-33 Park Road, Teddington, Middlesex, TW11 OAB. An information pack is available (send a large SAE with £1) and includes self-help tips and information on complementary therapy. The Association also produce a quarterly magazine

An update on contact lens care systems

by Judith Stevenson BSc, MBCO and Vanessa Sullivan BPharm, MRPharmS, Ciba Vision

Contact lenses are made of three main categories of materials: **hard** (impermeable), **soft** and **rigid gas permeable**.

These days hard lenses are rarely fitted, preference being given to newer materials which have been developed to allow more oxygen to the eye.

About 70-80 per cent of lens wearers have soft lenses. Soft, or hydrophilic, lenses are made of sponge-like materials which contain a percentage of water ranging from 38 per cent to greater than 70 per cent.

The lenses generally cover the whole of the cornea and small amount of the surrounding sclera. They also tend not to move much with the eyelids during blinking. The amount of oxygen reaching the cornea depends on the water content of the lens and the average lens thickness.

Gas permeable lenses are made from rigid materials which have a more open structure than the old hard lenses and therefore allow oxygen to pass through. These lenses are smaller than soft lenses and float on the tear film, allowing reasonably free movement over the cornea.

In general, more oxygen is available to the cornea so there are better long term benefits with gas permeable lenses, although they are more difficult than soft lenses to tolerate initially.

For the purpose of this article we shall term both gas permeable and hard lenses collectively as rigid lenses as the care of both types is very similar.

Lens care

The level of care required depends on the lens type and the wearing schedule.

Soft lenses are especially prone to build-up of deposits from the tears and the environment. Most patients wear lenses on a daily basis (ie during waking hours only) although there have been trends towards more extended wear in recent years. However the current general opinion is that the relative risk of this kind of extended wear may be unacceptable (Dart *et al*[1]).

Programmed replacement schemes, where lenses are changed at fixed frequent intervals (eg one month), have reduced some of the problems with build-up of deposits. But after the lenses have been removed from the eyes each day they still require thorough cleaning and disinfection prior to further wear.

The normal care regime required to maintain contact lenses consists of rubbing with a surfactant cleaner followed by rinsing and disinfection. Disinfection of soft lenses may be by one of the following methods: chemical (preserved) disinfection by soaking, heat sterilisation or other chemical (non-preserved) sytems. Disinfection of rigid lenses must be by chemical methods.

Comfort and wetting drops may be used as an aid to insertion and for lubrication during wear.

The Telegraph Colour Library

Lens solutions

All contact lens care solutions require a product licence in the UK in order to be supplied or sold. They must be sterile and manufactured to the required specifications. Compatibility with the different types of lenses must be demonstrated. The ability of the solution to carry out its intended function must be shown and stability of the product must be proven for its shelf life.

Lens cleaners

These solutions contain a variety of ingredients such as surfactants, solvents and preservatives. Their function is to remove deposits caused by tear secretion build-up (including lipid, mucus, salts and proteins) and other factors like dirt from the environment, cosmetics and grease from the wearer's fingers.

Generally the lenses are rubbed with a small amount of the solution. This rubbing action combined with the chemical activity of the cleaner loosens and dissolves the deposits which are then rinsed away.

Some lenses have a greater affinity to protein deposition which, with some patients, may necessitate the use of additional enzymatic protein removers.

Saline solutions

These can either be preserved and supplied in bottle form or non-preserved and supplied in aerosols or unit dose containers. After surfactant cleaning it is recommended that all soft lenses are rinsed with saline suitable for contact lenses.

Tap water is contra-indicated because it contains micro-organisms which can easily contaminate soft lenses. Rigid lenses are not so prone to this form of contamination but some practitioners may still advise the use of contact lens saline.

Salines cannot be used alone for cold disinfection but may be used in conjunction with other products. Chlorine-releasing tablets can be dissolved in saline for disinfection of soft contact lenses. Saline can also be used in heat disinfection of soft contact lenses, although this method is not suitable for most higher water content materials or rigid lenses.

Apart from preservative presence or absence, the main difference in these solutions is in buffering. Some are unbuffered, the rest are buffered with either phosphate or borate. With phosphate buffered solutions boiling soft contact lenses can result in calcium phosphate precipitation on to the lens causing cloudiness.

Disinfection

These days the most common method of disinfection for soft contact lenses is by 3 per cent hydrogen peroxide such as 10:10 cleaning and disinfecting solution. Hydrogen peroxide is a highly effective antimicrobial agent. Peroxide disinfection must be followed by neutralisation otherwise the lens will release peroxide on to the eye and cause chemical burning. In the UK there are three methods of neutralisation: chemical (eg sodium pyruvate), enzyme (eg catalase) and platinum catalytic disc.

Other soft lens disinfection methods include the chlorine

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releasing systems already mentioned and preserved chemical soaking solutions. The latter are tending to be less popular due to the high incidence of allergic response caused by the preservatives used, and their incompatibility with many newer lens materials.

Rigid lenses are always disinfected by cold chemical means, mainly preserved soaking solutions.

Comfort and wetting solutions

The old hard lenses had to be inserted with a wetting agent to improve the initial comfort of the lens. However modern rigid lenses with improved materials are much more compatible with the eye and often do not require such treatment.

Soft lenses are hydrated and their surfaces attract water so they do not require wetting but may need rinsing with contact lens saline prior to insertion.

If occasional dryness occurs during wear a comfort or rewetting solution may be used. Wetting and comfort solutions contain viscolising agents such as hydroxyethylcellulose and may be preserved or unpreserved.

Preservatives, disinfecting agents

Benzalkonium chloride: a broad spectrum antimicrobial agent. It is often used in rigid lens solutions although it is thought by some practitioners not to be suitable for use with higher gas permeable materials. This agent must *never* be used with soft lenses as it irreversibly binds to the lens matrix and causes severe irritation in the eye. Any soft lenses that have been soaked in benzalkonium solution will need replacing.

Chlorhexidine gluconate has good antibacterial and poor antifungal activity, so is normally formulated in conjunction with other agents. It is found in both rigid and soft lens solutions.

Thiomersal has good antifungal activity but tends to cause red eye reactions in hypersensitive patients. It is generally used in soft lens solutions in combination with other agents.

EDTA is a chelating agent used to enhance the antimicrobial activity of other disinfecting agents.

The trend is to use contact lens care solutions which are either self-preserved (eg hydrogen peroxide, isopropyl alcohol) or non-preserved (ie unit dose or aerosol). This avoids the possibility of reactions to preservatives.

Lens cases

Recent concerns over the formation of biofilm in lens cases, which can protect organisms from the "cidal" activity of disinfectants, have led to suggestions that the lens case should be cleaned regularly. Allowing the case to air dry between uses can also reduce contamination (Wilson *et al*[2]

Regular replacement of lens cases is also considered advisable as crevices and cracks or scratches, developing from wear and tear, can harbour micro-organisms. A recent survey indicates that cases should be replaced at least every six months (Devonshire *et al*[3]).

Summary

There is a fine balance to be achieved between good antimicrobial activity and low toxicity. Unit dose presentations, aerosols with environmentally friendly propellants (eg nitrogen) and self preserved formulations are increasingly sought after.

Lens materials are becoming more sophisticated with higher oxygen permeabilities and are therefore healthier and more comfortable for the eye. As these materials become more complex so do the compatibility requirements of the care systems. Advice should be sought before any alterations are made to the individual's care regime.

Hygiene will be further enhanced by appropriate advice on lens case care and replacement.

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Judith Stevenson is an optometrist working for Ciba Vision (UK) Ltd as clinical adviser within the professional services department. Part of her role is to provide help and information on the company's products and all aspects of lenscare.

Vanessa Sullivan is regulatory affairs officer who obtains and maintains product licences for the company's products. She has experience of both hospital and community pharmacy.

Keeping an eye on the contacts market

There is a definite trend towards pharmacies in the contact lens care market, mainly because of their accessibility.

The £40 million market is now split equally between pharmacies and opticians, but in the past couple of years there has been a dramatic swing in favour of pharmacies, says Allergan product manager Mark Evans.

Although contact lens wearers are brand loyal and tend to stick to the products recommended by their opticians, they prefer the convenience of buying their lens care items from pharmacies. There is also a belief that opticians are expensive, says Mr Evans. Added to that, the major players in lens care — Allergan and Ciba Vision — have started to concentrate more on pharmacies in recent years.

Although starting from a small base, contact lens care products have become one of the fastest growing OTC markets in pharmacy and are currently fifth on the list, ahead of bath additives and oral analgesics.

Most people wear soft lenses (80 per cent) although the use of rigid gas permeable lenses is also increasing. In soft lenses there is a trend to those with a higher water content which allow more oxygen through to the eye. There is also a move towards disposable or semi-disposable lenses which are replaced at regular intervals ranging from one week to every six months.

This frequent replacement of lenses overcomes some of the problems caused by soft lens wearers not caring for their lenses as meticulously as they should. Failure to clean, disinfect and remove deposits properly meant that many users dropped out as a result of infections and discomfort.

In theory replacing the lenses every two weeks considerably reduces the need for lens care products, but manufacturers say they have not noticed any decline in the market so far. According to Allergan's Mark Evans, there was some decline in the USA where disposable lenses are often kept in the eye for a whole week, then replaced. But in the UK these extended wear lenses have been less popular and opticians are still recommending that solutions are used with those disposables or semi-disposables which are taken out at night.

Ciba Vision say that contact lens wearers tend to be mostly female (63 per cent), mostly young (26 per cent between 15-24 and 36 per cent between 25-34) and mostly ABC1 (64 per cent); 45 per cent of wearers live in London and the south.

The company puts a more conservative figure of £9m on the 1991 lens care market through pharmacies other than Boots, a figure which was 16 per cent up on 1990. Oxidative systems are the largest sector (43.7 per cent by value), followed by storage and disinfection products (17.6 per cent), salines (13.3 per cent), wetting and comfort solutions (9.1 per cent) and protein removers (6.3 per cent).

Ciba Vision are planning their biggest ever support programme for pharmacy

What to stock

Pharmacists are dependent on which brands opticians are recommending, so it is worthwhile finding out the local favourites. Although *Which?* magazine last year suggested that lens wearers could — with care — save money by switching

brands, this practice is not generally advised by manufacturers.

Tony Walker, managing director of distributors Mid-Optic, says this could have serious consequences. Unless the pharmacists and staff are trained, recommending different products could leave them wide open to be sued if a patient gets an adverse reaction to the product suggested, he warns.

"Even saline solutions can vary as some are buffered and others aren't. My own recommendation is never to change contact lens products but refer patients back to their opticians."

Roger Amass, Alcon's sales and marketing director, agrees that it is difficult for pharmacists to recommend alternatives as there may be an occasional patient who is sensitive to a minor difference in what appears to be a similar product. He suggests stocking products which represent the main categories of care, such as oxidative systems, salines and cleaners.

Ciba Vision suggest stocking the biggest brands from each sector, for example, 10.10 cleaning and disinfecting, rinsing and neutralising system; Oxysept; Solar saline; LC 65; and Clerz.

Allergan agree that oxidative systems are an important sector and claim that more new patients are put on Oxysept than any other. LC65 has three times the rate of sale of any competitive cleaning product while Total is brand leader in the gas permeable sector. Hydrocare has 85 per cent of the protein remover market.

If pharmacists are unsure of which brand mix to stock, Mid-Optic can advise of the best-selling products and — because they are an independent company delivering throughout the UK — claim to offer an unbiased view. All products are available from them in singles, with no carriage charge on orders of £60 or more. Discounts are available on larger purchases.

Promotions

At one time manufacturers would never dream of advertising their lens care products to the public, for fear of alienating opticians who thought the choice should be a matter for their professional judgment. For similar reasons some manufacturers even stopped supplying pharmacies.

But Allergan broke new ground when, having taken over a market leading lens manufacturer, they started advertising both lenses and care products on television, with much success among consumers and only a couple of complaints from opticians. People buying a pair of standard 36 lenses were offered a spare pair free plus £15-worth of Oxysept vouchers, the aim being to encourage compliance with cleaning regimens. A second burst of the advertising has just finished and there are plans to repeat it.

Allergan also advertise heavily to opticians and are moving into the education of pharmacists and their assistants.

Ciba Vision promise to demonstrate their commitment to the pharmacy sector through their biggest ever marketing support programme. "In contact with pharmacy" is a quarterly newsletter for pharmacists and assistants containing market trends, competitions and product advice. Distributors Chefaro Proprietaries have a full range of educational material for the trade.

Mid-Optic offer training to pharmacy staff if there are enough people interested to make it viable. They also produce a contact lens solution comparison chart which is available free to customers, listing products available in the UK and their active constituents. Their trade price list contains special offers which change every two months (Tel:0332 360464).

Contact lens solutions

A classification of pharmacy brands and their constituents

For hard and gas permeable

Cleaning solutions:

- **Boston** (Mid-Optic and Kelvin Optical) — for gas permeable
- **Clens** (Alcon) — for hard only CD
- **Contactaclean** (Ciba Vision) BCD
- **LC65** (Allergan) C
- **Miraflow** (Ciba Vision)
- **Pliagel** (Alcon) CE
- **Transclean** (Smith & Nephew) CD

Soaking solutions

- **Clean-n-soak** (Allergan) F
- **Contactasoak** (Ciba Vision) BCD
- **Soaclens** (Alcon) CD
- **Transoak** (Smith & Nephew) CD

Oxidative systems

- **10.10** (Ciba Vision)

Wetting solutions

- **Boston wetting/soaking** (Mid-Optic and Kelvin Optical) BC
- **Contactasol** (Ciba Vision) BCD
- **Liquifilm** (Allergan) CD
- **Transol** (Smith & Nephew) CD

All in one solutions

- **Contactasol complete care** (Ciba Vision) CD
- **Total** (Allergan) CD

Periodic cleaners (for gas permeable)

- **Amiclair tablets for protein, lipid, mucins and calcium removal** (pronase, lipase, protease) (Abatron)
- **Barnes-Hind intensive care for protein removal** (surfactants) AC
- **Hydrocare protein remover tablets** (papain) (Allergan)
- **Prymecare protein remover** (papain) (Smith & Nephew)

In-use comfort

- **Clerz** (Ciba Vision)
- **Transdrop** (Smith & Nephew) CD

Key to preservatives and chelating agents

- **A** Thiomersal
- **B** Chlorhexidine gluconate
- **C** Edetate (as disodium, trisodium or edetic acid) — chelating agent
- **D** Benzalkonium chloride
- **E** Sorbic acid
- **F** Phenylmercuric nitrate

For soft lenses

Cleaning solutions

- **Cleaner no 4** (Pilkington Barnes-Hind) AC
- **Hydroclean** (Ciba Vision) ABC
- **LC65** (Allergan) C
- **Miraflow** (Ciba Vision)
- **Pliagel** (Alcon) CE
- **Preflex** (Alcon) AC
- **Prymeclean** (Smith & Nephew) B

Soaking solutions

- **Flex-care** (Alcon) ABC
- **Flexsol** (Alcon) ABC
- **Hexidin** (Pilkington Barnes-Hind) ABC
- **Hydrocare cleaning and soaking** (Allergan) A
- **Hydrosoak soaking** (Ciba Vision) ABC
- **Prymesoak** (Smith & Nephew) B

Saline solutions (for rinsing, etc)

Preserved

- **Hydrocare preserved saline with calcium deposit preventer** (Allergan) AC
- **Normol** (Alcon) ABC

Unpreserved

- **Amidose** (Abatron)
- **Lens Plus aerosol** (Allergan)
- **Salette sachet or aerosol** (Alcon)
- **Softmate** (Pilkington Barnes-Hind)
- **Solar saline spray** (Ciba Vision)
- **Solusal aerosol** (Allergan)

Oxidative systems

- **10.10 peroxide** (cleaning and disinfecting solution, rinsing and neutralising solution)(Ciba Vision)
- **Oxysept 1** (peroxide) **and 2** (catalase enzyme) (Allergan)
- **Septicon peroxide system** (Lensept and Lensrins) (Ciba Vision)
- **Softabs** (sodium dichlorisocyanurate) (Alcon)

Periodic cleaners

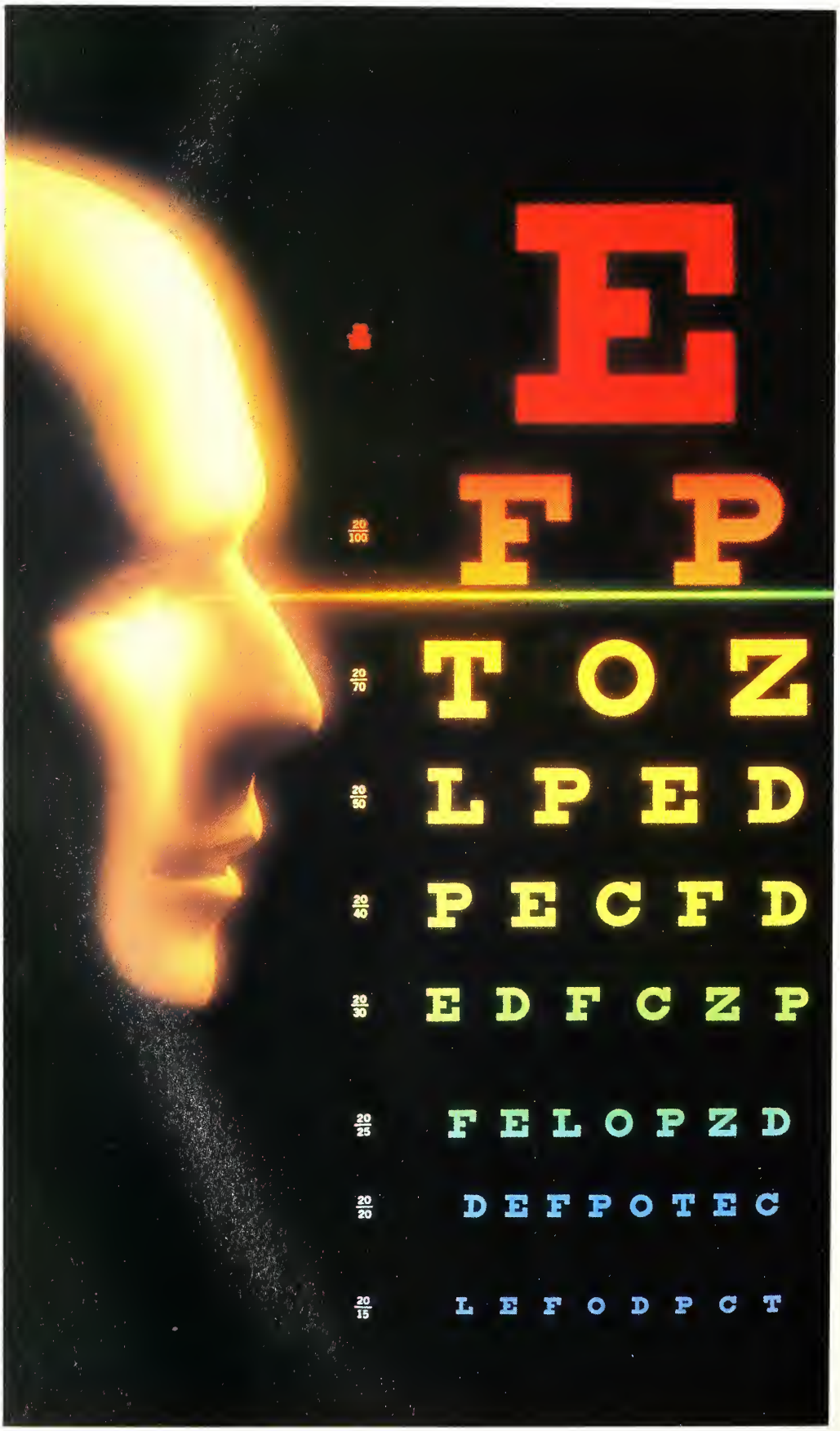
- **Amiclair tablets for protein, lipid, mucin and calcium removal** (pronase, lipase, protease) (Abatron)
- **Barnes-Hind intensive cleaner for protein removal** (surfactants) AC
- **Clen-zym protein remover tablets** (pancreatin) (Alcon)
- **Hydrocare protein remover tablets** (papain) (Allergan)
- **Prymecare protein remover** (papain) (Smith & Nephew)
- **Ultrazyme** (subtilisin A) (Allergan)

In-use comfort

- **Clerz** (Ciba Vision)
- **Hydrosol** (Ciba Vision) ABC

Focus on growth in the eyecare market

This Summer will see renewed activity in the general eyecare products market — a market which is growing steadily



The Telegraph Colour Library

The total eyecare market is worth around £14 million and has been growing at a steady rate of £1m a year since 1988.

Crookes Healthcare believe that Optrex has contributed to much of this growth, as the market was fairly static at around £10m in 1987 - 88 when television advertising of the brand started. Now, Optrex claims three-quarters of the market and a 96 per cent public awareness, making it the eighth largest OTC brand in the UK.

The award-winning television campaign is set to continue this year with three 20-second advertisements, two of which are new, starting this month and appearing on screen again in August.

Radio advertising will support the television campaign throughout the Summer. Selected regions will broadcast five new advertisements featuring "Optrex moments" — the times and places where Optrex can be used to relieve sore, tired eyes. The main thrust of the whole campaign is "Are your eyes trying to tell you something?"

A new window display unit uses a picture-frame format portraying lotion, drops and Clearine. Summer offers on the range are available from Crookes Healthcare territory managers.

The company recently announced a six-figure deal with the Amateur Swimming Association to sponsor two major televised swimming events a year during the next three years. In the brand's first arts sponsorship deal the Optrex Eye, a giant sculpture based on Michelangelo's David, is offering one of the best views over this Summer's Garden Festival Wales at Ebbw Vale.

Optrex emergency eye wash has recently gained the endorsement of the St John Ambulance organisation. With this backing, activity will be increased in the industrial health and safety arena, including a presence at the RoSPA exhibition in Birmingham NEC this month.

Abbott Laboratories will be advertising Murine in the London ITV region during the Summer. There will be a Tube

Continued on p996

When it comes to recommending an OTC treatment for minor eye infections, there can only be one answer.

Brolene Eye Drops and Brolene Eye Ointment have been tried and trusted for many years - drops that treat conjunctivitis, sticky eyes and other minor eye infections. Ointment to treat blepharitis and styes.

Brolene is the number one brand for pharmacists' recommendation, because it's the only possible recommendation.

Brolene

HARD ON INFECTIONS, GENTLE ON EYES

For further information contact:
Rhone-Poulenc Rorer Family Health Division on 0323 21422

RHÔNE-POULENC RORER
FAMILY HEALTH DIVISION

BUILDING BRANDS AND BUSINESS WITH YOU

The Optrex Eye oversees Garden Festival Wales this Summer. Also pictured is the sculptor Harvey Wood

Continued from p994

card campaign with advertisements in every carriage on the Underground system, together with a four-sheet poster campaign. London has been selected as a key region, as it accounts for over 35 per cent of Murine sales.

The advertising theme will be carried into pharmacies throughout the country with a showcard for window displays.

Rhône-Poulenc Rorer will soon be expanding further into the eyecare market with a line extension. Brolene, they say, is a £1.5m brand with a 43 per cent share of the market for OTC pharmacy products for eye infections.

Adshel poster for Murine to appear nationally from this month

Glasses: don't take them as read

There are signs that the ready-to-wear reading glasses market is picking up, but it is still only 50 per cent developed. The market is much less competitive than it was at the outset as several companies have fallen by the wayside.

Sales are moving back towards pharmacies who are doing a progressively better job in merchandising these products, according to Readi Read's David Lenton, who believes these outlets take about 40 per cent of the £20 million market.

Last year sales were down to about one pair a week. Now pharmacies can expect to sell about two or three pairs a week. Readi Read have increased their penetration of pharmacies since introducing a small revolving display unit a few months ago.

Mr Lenton believes there's an enormous public educational job to be done as many people still would not think of buying reading glasses from a pharmacy. An in-store promotion is planned in all outlets from September.

He advises pharmacists to stock products complying with British Standard 7394, introduced last year, which controls the quality of the frames and lenses.

Readi Read have one-fifth of the self-selection reading glasses market.

Magnivision leads overall with a quarter. Boots have about 20 per cent, Readyspex 15 per cent and other brands 20 per cent. Alistair Miller, director of KL Eyecare Ltd who own both Readi Read and Magnivision, says there has been a definite growth in rate of sale per outlet since the beginning of the year, with an increase in repeat sales.

Magnivision continue to concentrate on main High Street outlets such as department stores, Co-ops, and the main optician and pharmacy chains.

Magnivision constantly update their in-store display units and plan to repeat a recent successful in-store money offer promotion later in the year.

A compact range of eye wear accessories includes repair kits, cases, comfort pads, chains and cords, cleaning liquids and cloths. These products carry no brand names so can be sold to any outlet regardless of whether it stocks the Magnivision brand.

Rachel Verrill, product manager at Chefaro Proprietaries who distribute Grett-Optik, says the reading glasses market is not a high-spending one in terms of advertising. Manufacturers tend to concentrate on making their brands appear attractive at

Continued on p998

This pre-packed merchandiser from Chefaro Proprietaries holds six styles of Grett Easi Readers, each in six strengths

COTTON BUDS

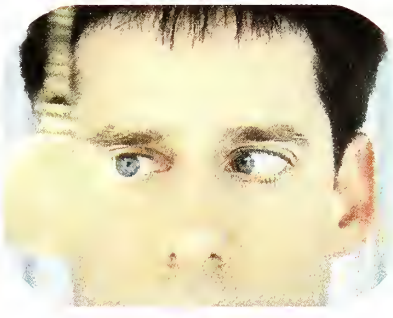
EYE-SPY

BATHTIME

CUCUMBERS

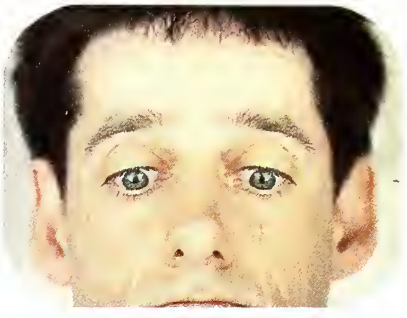
THEY USED TO SAY TOO MUCH TELEVISION WAS BAD FOR YOUR EYES.

TRAFFIC



HYPNOSIS

CELEBS



I'M WISHING

They used to say too much television was bad for your eyes. Ironic isn't it? To show how Optrex helps soothe sore and tired eyes, we're using one of the major causes. Television. We're spending over £2 million on a series of commercials that has had everyone glued to their sets.

We have already aired five of the commercials, with three more to appear this June and again in August. To make sure it's not too much of a strain on the eyes, we are also making new radio commercials for this summer.

All this is bound to raise a few eyebrows, not to mention the sales of Optrex. In fact, last year ten million people* felt compelled to use Optrex. So don't miss out – stock up now. And remember, the next time you see someone with sore eyes, you'll know they haven't been watching enough television.

*Source: TGI

CROOKES Healthcare

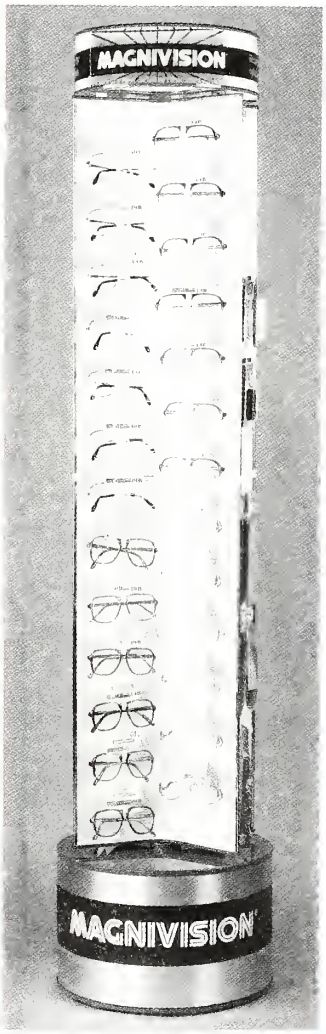
Continued from p996

point-of-sale. But Chefaro hope to advertise Grett-Optik in a consumer campaign towards the end of the year.

Their brand is pharmacy-orientated and a number of promotions are undertaken with Unichem and Vestric. "An important part of our strategy is to allow pharmacists to top-up their stocks through their wholesalers when convenient, rather than having to wait for representatives to take a major order," she says.

The brand appears not to have suffered from the recession, possibly because when times are hard customers are more likely to buy cheaper glasses from a pharmacy than pay an optician's fee.

Direct Perception Ltd have replaced two models in their range (see **Counterpoints**).



The latest floor unit from Magnivision contains eight styles in six strengths, plus accessories. A new counter unit is also available

Drop delivery made easy

Eye drops are notoriously difficult to administer. Yet about half a million people in the UK need long-term eye drop medication and many others have a short-term need.

Shaky hands, difficulty in squeezing the bottle, fear of prodding the eye, reflex blinking and problems associated with bad eye-sight are among the factors which lead to poor compliance with eye-drop medication.

Surveys have shown that as many as three out of four people have difficulty in using their drops. In one study of elderly patients, more than a third did not use them regularly unless help was available.

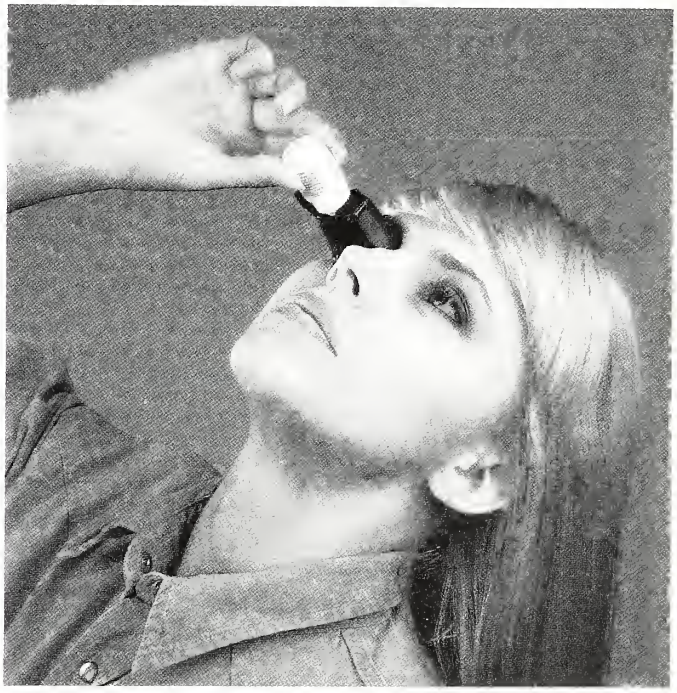
For these reasons Dispomed developed Opticare, a delivery system which simplifies eye drop administration, in conjunction with Grampian Health Board and the former school of pharmacy at Robert Gordon Institute of Technology, Aberdeen. The device is now available for community pharmacies to sell, having previously been distributed through hospital ophthalmic units and health centres.

Opticare (£8.95) is a plastic holder designed to encase all sizes of round plastic bottles between 5-15ml as well as the oval bottles frequently used by glaucoma sufferers. It fits securely round the eye in the correct position for targeting the drops which are dispensed by means of squeeze pads on each side.

It is suitable for all age groups, in particular children, the elderly and arthritic, handicapped or partially sighted patients.

The product is advertised in nursing magazines and a campaign started in women's magazines last month.

Another device, the Autodrop, is available from Owen Mumford. This device clips on to the top of most eye drop containers, holding the bottle at the correct angle over the eye. A special lip holds the lower lid down to prevent blinking and a pinhole directs the eye upwards away from the drops which are always delivered to the lower part of the eye.



Autodrop was developed in callaboration with RNIB who conducted clinical trials

No batteries required — the Eye Spa works by pump action

Eye Spa gives saline wash

Last month FJH Ltd introduced the Eye Spa (£9.95) to the UK pharmacy market.

The device sprays saline solution into the eye by means of a hand pump action. The solution then flows away into the base of the unit giving a constantly fresh eye bath. One sachet of solution is included in the display box and the Eye Spa can be refilled with any sterile saline.

The product is initially available from Unichem.

● Trade bonuses are available this month and next on Clense spectacle cleaner which, according to J. Pickles & Sons, showed a 20 per cent increase in sales during the past year. The pump-action spray is ozone friendly and water-based.

NEW

The Pharmacy Award Winning Dispenser that AIMS, DIRECTS & SQUEEZES drops into the eye. **OPTICARE**'s unique hand operated squeeze mechanism makes drop delivery easy and more accurately controlled.

OPTICARE
EYE-DROP DISPENSER

Uncomplicated and simple to load.
Suitable for all age groups including children.
Re-usable as single patient dispenser.
Fits standard round & oval prescription bottles.

NEW

OPTICARE is invaluable to Elderly, Arthritic, Partially Sighted or Handicapped eye-drop users and of great benefit to Carers and District Nurses.

Available from Wholesale including AAH & Unichem.

Dispomed Ltd, 114-120 Northgate Street, Chester CH1 2HT. Tel: 0244 318336. Fax: 0244 342410
OPTICARE MAKES EYE-DROP POPPIN' EASY

OXYSEPT®

SOFT CONTACT LENS DISINFECTION SYSTEM

THE FASTEST GROWING CONTACT LENS CARE SYSTEM IN PHARMACY[1]

ALLERGAN

OXYSEPT™ 1

disinfecting solution

FOR CONTACT LENSES
● *soft*

Preservative Free

250ml STERILE

ALLERGAN

OXYSEPT™ 2

rinsing, neutralising and storing solution

FOR CONTACT LENSES
● *soft*

Preservative Free

25 x 15 ml unit dose vials STERILE

ALLERGAN

ULTRAZYME®

protein remover tablets

FOR CONTACT LENSES
● *soft*

10 weeks supply

OXYSEPT IS PRESCRIBED FOR MORE NEW CONTACT LENS WEARERS THAN ANY OTHER CONTACT LENS CARE PRODUCT IN THE UK[2]

MARKET LEADING CONTACT LENS CARE FROM

ALLERGAN OPTICAL[3]
EYE CARE · WE CARE

REFERENCES. 1 Nielsen Research Jan./Feb 1992 2 Independent research on file Allergan
3 Allergan Optical is the market leader in contact lens care products in the Pharmacy sector. Source Nielsen Research Jan./Feb 1992

ADVERTISEMENT FEATURE

Optrex®

the clear leader

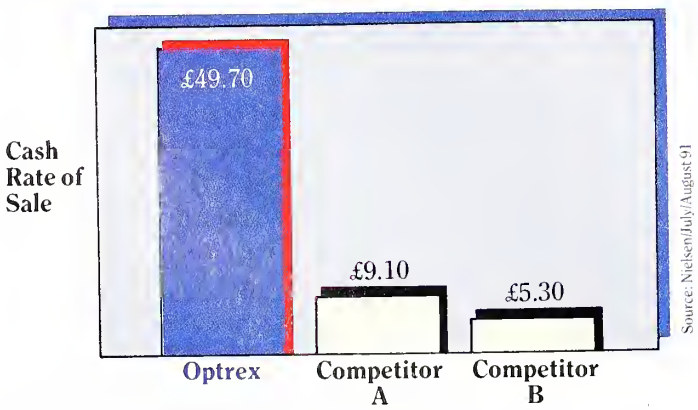
If you were asked to make a list of your top-selling OTC medicine brands, where would you put Optrex? Certainly within the top 50 and probably within the top 20. But how many of you would accord Optrex its rightful place in your top 10? Yet in terms of OTC sales in pharmacies, Optrex is the eighth largest brand (Source: IMS and trade estimates)

If you are surprised, you are unlikely to be alone. As the number one name in eye care for over 50 years Optrex had, until recently, enjoyed steady rather than spectacular sales. Now it is rather different. Since 1983, when the brand was purchased by Crookes Healthcare Ltd, Optrex has actively grown the eye care market by a combination of major above the line advertising spends and investment in new state of the art production facilities. And behind that eighth place in the OTC league table is a combination of exceptional consumer awareness and market dominance unmatched by any brand in any other OTC sector.

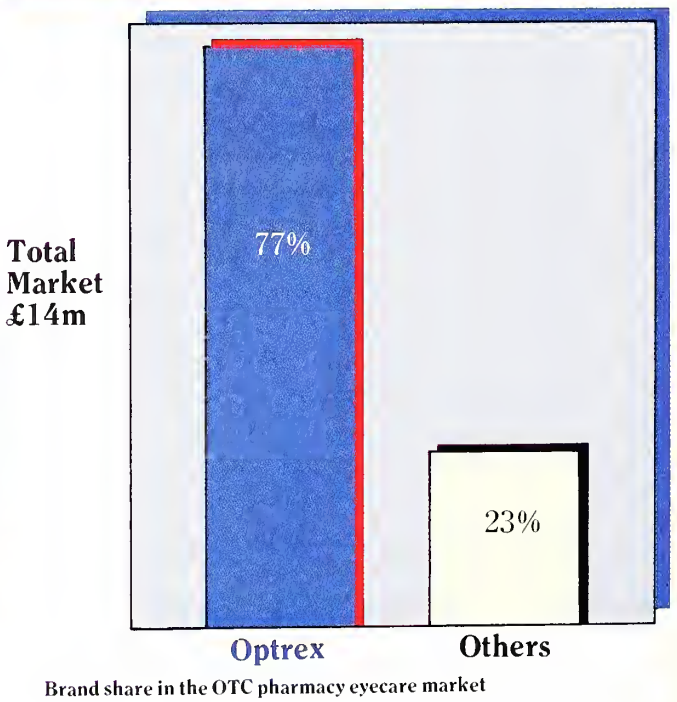
The comprehensive range

The dominant 77 per cent share of the £14 million eye care market (PAGB/Nielsen: year to March 1992) held by Optrex is founded on the most comprehensive of ranges, providing a product for all ages and all life-styles.

- With their buffered witch hazel formulations, Optrex Eye Drops and Optrex Eye Lotion are the soothing, cooling, refreshing answer to the minor eye irritations of everyday life
- With added naphazoline, Optrex Clearine is especially suitable for reducing the redness of irritated eyes
- Also formulated with witch hazel and naphazoline, and in both blue and clear variants, Optrex Eye Dew provides eyes with that extra sparkle
- Optrex Eye Masks are the perfect recipe for relaxing and refreshing tired eyes
- Effective first aid for all minor eye accidents, Optrex Emergency Eye Wash has recently been endorsed by the St John Ambulance organisation.



Comparison of cash rate of sale for eyecare brands



Brand share in the OTC pharmacy eyecare market

High sales rate

With a 77 per cent market share, it is perhaps not surprising that Optrex's rate of sale is considerably higher than that of its competitors. Translated into cash terms, this equates to a monthly cash return of £49.70 for total Optrex in last year's peak season (Nielsen: July/August 1991) compared to £9.10 and £5.30 for its two nearest rivals. Even outside the peak season, Optrex still maintains a healthy lead, outselling the nearest brand by four to one (Nielsen: January/February 1992).

Figures like these point to the need to display Optrex for impact, dividing space according to market share to maximise rate of sale and increase profitability. Whichever way you look at it, Optrex sells faster and puts more money in the till and this should be reflected in shelf space allocation.

The rate of sale of Optrex does, however, place a burden on maintaining product on shelf. Without full stocking and constant replenishment of the total Optrex range, sales will be lost and profitability reduced. The growth of Optrex puts pressure on stock levels, and as the peak selling period approaches, now is the time for pharmacists to reassess their stockholdings and facing allocations to reduce an increase in forward out-of-stocks that has become apparent in recent surveys.

Despite trade experience which has demonstrated that good, forward stock displays generate increased sales, low shelf stocks, particularly of Lotion, still occur. With Summer just around the corner, there could not be a better time to test dual-siting in your pharmacy, by placing a second stock of Optrex Lotion on open show on GSL displays for self-selection by consumers. It has been shown that dual-siting has a very positive effect in bringing new customers through impulse purchases, which is reflected in additional sales and increased profits.

No should Optrex be seen as a Summer brand. Those rate of sale figures demonstrate that Optrex is in fact a brand for all seasons. There is a Summer peak, but 40 per cent of sales are made between September and March, so there is not need to reduce stocks and facings later in the year.

Top consumer awareness

Optrex has truly stood the test of time. Over 50 years of caring for eyes has built up both implicit trust and faith among regular users and an overall consumer awareness of a staggering 96 per cent. At any one time Optrex has around 10 million users — that is more than one in six of the UK population. Of these, 52 per cent use the product at least once a month or more, and 27 per cent of all adults say they have used Optrex in the past six months (RSGB). but even these

20th century technology — Optrex's state-of-the-art sterile manufacturing plant

figures reveal still greater potential to encourage less frequent users to use Optrex more often.

Full media support in '92

This consumer awareness is reinforced each year by a package of multi-media campaigns, promotions and sponsorships in true Crookes Healthcare style. Altogether this year the company will be investing over £2.5m behind the Optrex range.

The award-winning television advertising for Optrex breaks this month, with a further burst scheduled for August. Two of the three 20-second commercials being used this year are brand new, and they all build on the "Are your eyes trying to tell you something" message which took Optrex to its highest ever campaign awareness.

Five new radio advertisements, timed to run in selected regions to support the TV campaign, will be focusing on key "Optrex moments" — times and places where Optrex can be used to relieve sore, tired eyes and minor eye irritations.

This month also sees Optrex sponsorship of the Amateur Swimming Association's National Championships in Sheffield. This televised event is just part of a three year, six-figure deal with the ASA which also includes the National Winter Championships in December. After sponsoring several ASA events in the '60s and '70s, Optrex last year took the plunge again by sponsoring the European Diving Cup and the Great Britain Team Championships as well as the National Championships.

New for this year is Optrex's first ever arts sponsorship deal. Visitors to the fifth National Garden Festival at Ebbw Vale cannot fail to see the Optrex Eye, a 15ft by 13ft sculpture of an eye based on the detail from Michaelangelo's "David". Made from mortar on a steel and mesh frame, and at 45 times the scale of the original, the Eye overlooks the 142 acre Festival site from a hill at the top of the Ebbw valley.

This month Optrex will also be attending the Royal Society for the Prevention of Accidents Exhibition at the NEC (June 16-18) as part of a general stepping up of promotion of Optrex Emergency Eye Wash in the industrial health and safety arena.

In addition to the standard terms which offer pharmacists an excellent profit opportunity across the range, special Summer deals will be available for 1992. Over 50 years experience has gained Optrex an unsurpassed reputation in the eye care market. As the eighth largest OTC brand, the Optrex position has been reinforced by significant investment and commitment from Crookes Healthcare. The impact of this support speaks for itself and the continued success of Optrex means increased profits for all.

CROOKES Healthcare

Business news

Unichem challenge Pharmacy Mutual with new insurance

Unichem have launched a new insurance scheme for their customers which they believe to be competitive "even with Pharmacy Mutual Insurance". The move follows the end of the insurance scheme Unichem ran with Commercial Union.

The new scheme, provided in conjunction with Lloyds insurance brokers Gibbs Hartley Cooper, provides:

- "All risks" cover on buildings, trade contents and stock
- replacement value of lost or damaged contents and stock as new
- loss of profits cover
- the option to spread payments through a premium installment plan
- an automatic 50 per cent increase in stock insurance from October to December and on bank holidays.

Unichem ended their Commercial Union scheme, operated in conjunction with brokers C.E. Heath, at the end of March. "Customers were ringing up and complaining the premiums were too expensive," Unichem's retail finance manager Robert Andrews told *C&D*. "Even though we went through April and May with no scheme we have been able to give people cover who have come up for renewal since the end of March."

"The GHC scheme is very competitive against Pharmacy Mutual. One pharmacist was asked for £834 by shop and stock cover by Pharmacy Mutual; I got her covered for just over £653.

"One feature Pharmacy Mutual has is a year's free insurance after five with no claims, but it would be unlikely for a business to go five years with no claims at all. We say the discount is up front."

The insurance scheme is available to any of Unichem's customers, including those who use them as second line wholesalers.

"In a few weeks time we intend to add professional indemnity and product liability cover, though we have no details available yet.

"While professional indemnity insurance is available through the NPA you have to be a member to take it out and a group of pharmacies must join as every individual outlet, with no discounts on the insurance.

"However, for groups of more than five shops we plan to offer a lesser rate per shop than for individual businesses".

Unichem plan to contact their customers by direct mail over the next few weeks.

Quest invest

Quest Vitamins Ltd have opened a laboratory for vitamin and mineral analysis at their new Aston Science Park premises.

Lap-top luxury

Bayer and Bristol Myers-Squibb are equipping their sales forces with lap-top computers linked to a central computer. This is intended to help them track customer calls, follow the progress of clinical studies and plan strategy.

Systemec relocate

Systemec, the modular showcase and display counter company, have relocated to larger premises in Nottingham. The address is: Longwall Avenue, Queens Drive Industrial Estate, Nottingham, NG2 1NA. Tel: 0602 851122.

Evans on line

Evans Kerfoot have established a free phone order line with effect from June 1. The number is 0800 451600.

Scholl dip their toe into herbal pool

Scholl Consumer Products have bought the herbal medicines company Gerard House for an undisclosed sum. Bournemouth based Gerard House are marketers and distributors of 30 licensed herbal medicines which cover the primary health conditions treated by OTC medicines. In total the company has 70 product licences.

Last year Gerard House turned over around £1.9m, and the company has a net asset value of £50,000.

The managing director of Gerard House, Victor Perfitt, is the current chairman of the British Herbal Medicines Association. He will remain with the company as md.

Ray Thomas, the managing director of Scholl says: "We look forward to growing the category within the pharmacy sector".

Scholl estimate the UK herbal medicines market to be worth £65 million and believe they can see a trend towards "natural" products.

Addision consultancy buy AGB

AGB have been bought by the Addision Consultancy Group for £14.6 million. A proposed management buyout was effectively outbid by the rival market research company.

Addision bought AGB from administrators Arthur Anderson who kept the business as a going concern.

Addision's trading name is the Taylor Nelson Group and together the Taylor Nelson and AGB businesses will have a turnover of between £50m and £55m.

The AGB staff remain and the new group chief executive is Tony Cowling, a founder of Taylor Nelson.

"AGB are still running their continuous businesses and we are trading from the same offices," an AGB spokesman told *C&D*.

The company holds its annual meeting on Tuesday.

Business in Focus

If you would like your business to be analysed for *Chemist & Druggist's* "Business in Focus" feature, please write to the Editor. Your anonymity will be protected.

Cheaper AZT approved in Canada

Canadian-owned pharmaceutical company Apotex Inc have received approval from the Canadian regulatory body, the Health Protection Branch (HPB), to sell their version of zidovudine (AZT). Apotex say their product will cost at least one third less than Burroughs Wellcome's Retrovir.

A non-infringing commercial manufacturing process has been developed to produce the alternative AZT, which is bio-equivalent to Retrovir.

Apotex are also continuing their challenge in the Federal Court of Canada of the AZT patent awarded to Burroughs Wellcome, on the basis that AZT was actually discovered 26 years ago by a scientist at the US National Institute of Cancer.

Worldwide sales of the product will commence immediately. According to Apotex, some countries are looking at issuing a compulsory licence for the new form of AZT, to help reduce their healthcare costs and provide the medication to AIDS patients who would otherwise not receive it.

Milupa to amend advert claims

Milupa have agreed to amend their advertisements for baby foods following discussions with the health pressure group Action & Information on Sugars (AIS).

The situation arose after AIS complained to the Independent Television Commission and the Advertising Standards Authority about Milupa's advertisements.

These claimed that only vitamins and minerals are added to Milupa's products but AIS pointed out that sugars such as sucrose, dextrose and maltodextrin are also added. Milupa have agreed to amend the text to make it clear that sugars are added and, until these changes are complete, all broadcasts of the advertisements will be suspended.

AIS has welcomed the decision as a positive commitment to responsible advertising. It accepts that any ambiguity in the text was unintentional and has withdrawn its complaint to the ITC and ASA.

Milupa intend to introduce a new sugarless herbal drink for babies in the UK later this year.

Lloyds' restless development continues apace

Lloyds Chemists have sold Renacare, bought National Veterinary Supplies and won approval to use a Grade II listed building in Tamworth for their head offices.

Renacare was acquired by Lloyds as part of their successful bid for Macarthy. It represents around 40 per cent of the Macarthy turnover and 25 per cent of the net assets. W. R. Grace have bought Renacare, whose principal business is the manufacture and sale of renal dialysis products, for £5 million cash. Grace are established in the world dialysis market.

Commenting on the sale Allen Lloyd, the chairman and chief executive of Lloyds Chemists, said: "I am delighted that we have been able to reach this agreement two months after acquiring Macarthy. The proceeds will be applied to the reduction of bank borrowings and to the further development of core activities".

Lloyds have also paid £1.88m for Millnew, who trade as National Veterinary Supplies. Lloyds plan to integrate NVS's three depots with the Willington's veterinary wholesale business they acquired with Macarthy.

"The merged businesses will take advantage of cost savings from integration, enlarged buying power, greater geographic coverage and shared market costs," said Lloyds.

The purchase is the paper and cash deal Lloyds are noted for: the company is issuing 521,006 new ordinary shares and topping this up with £25,000 cash.

For the year ended April 30, 1991 NVS achieved pre-tax profits of £76,521 on a turnover of £13,919,711. Net assets as of April 30 last year were £91,239.

Lloyds have also won a change of use application for Dosthill Hall, an 18th century building in Tamworth. Lloyds intend to move their head offices to the hall.

Nomad moves to the front of the pack

Sales of Surgichem's monitored dosage system Nomad exceed £1.5 million for the year to March. This represents a growth of more than three-fold on the £450,000 sales achieved in the previous year and Surgichem now claim Nomad is the leading MDS on the market.

There are said to be around 2,800 Nomads currently in operation in the UK serving over 100,000 patients in care homes.

"There has been a fundamental change in the way medicines are handled in the care home environment", says md Mr Niven.

Losec set to be a blockbuster as Astra opens to foreign shareholdings

Astra's sales for Losec were up 72 per cent in the first quarter of the year with total sales reaching SKr1,550 million (£148.9m). This compares with a 35 per cent rise in sales for the group as a whole, up from SKr2,743m (£263.5m) last year to SKr3,703m (£355.7m) this year.

Astra have also had a successful first quarter with their anti-inflammatory asthma agent Pulmicort, which has shown a 57 per cent increase in sales in the first three months of this year.

The group's pre-tax earnings increased in the first quarter by 40 per cent, reaching SKr1,063m.

At Astra's annual meeting the company agreed to abolish its restrictions on share ownership by foreign investors. These changes will require approval by the Swedish government but the company is expecting them to go through by the end of June.

Biodegradable Biopol jars

HPL Containers are launching a new range of environmentally-friendly cosmetic jars. The jars are manufactured from Biopol, a fully biodegradable resin produced from glucose by ICI.

Biopol is the trade mark for a range of novel thermoplastic resins from ICI. They share much of the versatility and durability of traditional plastics but are also capable of biodegrading fully upon disposal in microbially-active environments.

HPL's sales director David Hemmings says: "We are pleased to be making a contribution to environmental issues and providing a product based on materials that offer responsible disposal options."

The Biopol jars in 100ml size are available in a range of colours, one of them appropriately being leaf green. HPL Containers; tel: 051-487 3353.

The Archbishop of Canterbury, Dr George Carey (right), and Mrs Carey (left) paid a two hour visit to cotton wool manufacturers Robinson Healthcare in Derby at the instigation of Robinson's industrial vicar the reverend Vernon Brooks. They spent two hours touring the factory with the group's chief executive Philip Robinson (second from the right) and Alan Humphries, the operations director at Robinsons, to meet the shop floor workers. At the end of the visit the Archbishop and his wife were presented with specially made purple and gold cotton wool balls

Stiffer audit standards

Auditors will be required to perform tests explicitly designed to determine whether a business is a going concern, if a proposal from the Auditing Practices Board goes through unamended. The aim is to try to give users of financial statements better and earlier warning of uncertainties about a company's ability to trade.

The Auditing Practices Board was formed by the six accountancy institutions last year in the wake of criticisms of the auditors in cases such as the BCCI crash. The institutes have agreed to abide by the decisions made by the APB, and so new rules could well be in place by the end of the year.

The APB's proposal also says the auditors' report should include an explanation of the respective roles of directors and auditors in preparing a company's financial statement. The auditors would also be required to highlight where uncertainties exist in the fundamentals of a company's financial results.

The proposals have already drawn criticism for their potential effect on small businesses. Writing in the *Financial Times*, Stella Fearnley, a lecturer in accountancy at Southampton University, says: "The prospect of tougher auditing standards and the cost of the new compliance mechanisms are making a nonsense of existing audit requirements for small businesses.

"There are questions over whom the audit benefits, conflicts over the auditor's role and practical difficulties in conducting audits."

A less onerous and more realistic reporting regime for small companies is needed, she says.

Coming Events

Thursday, June 11

Sheffield LPC, at the Royal Victoria Holiday Inn, Sheffield, 7.30 for 8pm. Annual meeting of Sheffield community pharmacists. "The Working Party Report — where do we go from here?" by Marion Rawlings.

Advance Information

Therapeutic advances in wound healing. Two day conference at the National Heart and Lung Institute, London on **June 29-30.** Details from IBC Technical Services (tel 071-637 4383).

Psoriasis. Symposium at the Church House Conference Centre, Dean's Yard, Great Smith Street, London SW1 on **July 30.** Non-members registration fee £30 by July 20. Details from Barbara Cavilla, Society for Drug Research, 20 Queensberry Place, London SW7 2DZ (tel: 071-581 8333).

Complementary medicine in the year 2000. International conference at Kensington Town Hall, London on **October 6.** Fee (including lunch, refreshments and documentation) £250 + VAT. Details from Charterhouse Conference & Communication Co Ltd, 35 Cloth Fair, London EC1A 7JQ (tel: 071-606 2435).

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1794 NORTH WALES COAST
Family pharmacy, main street location. Sales year ended 31.3.91 £299,274. Gross profit @ 26.7% £80,089. NHS monthly average 3,591 items. Tenure – freehold or leasehold. Price for goodwill, fixtures and fittings £190,000 (negotiable) plus stock at valuation
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1674 NORTH WALES COAST
Community pharmacy situated in prime trading position in popular North Wales coastal resort. Sales year ended 30.4.92 £450,000. Gross profit @ 26.3% £118,421. NHS monthly average 2,250 items. Tenure – leasehold. Price for goodwill, fixtures and fittings £285,000 plus stock at valuation.
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1906 SURREY
High Street Pharmacy. Estimated T/O £450,000 based on 2,400 items per month. Leasehold, spacious unit. Some potential. Popular location. Reasonable Opening hours. Price asked £270,000 for Goodwill, Lease, Fixtures & Fittings plus S.A.V.
CONTACT: EPPING OFFICE

1803 NORFOLK
Established pharmacy on outskirts of town. Estimated turnover 30.9.92 £297,161 based on 2,210 items per month. 5½ day week. Local authority lease £8,000 per annum. Further potential to increase turnover. Price asked £120,000 for benefit of goodwill, lease, fixtures and fittings plus SAV (£30,000 approx)
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1877 BEDS
Long-established pharmacy currently under small multiple operation. Turnover Oct 1991 £136,241 based on 1,000 items per month. 5½ day week with lunch break every day. Freehold available. Reduced for quick sale. £42,500 for goodwill, fixtures and fittings plus stock at valuation.
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1870 MID GLAM
Old established Rhondda pharmacy. Turnover £230,000 with 28% gross profit. NHS items 2,300 per month. Easy hours, two half days closed. Property £27,000 or lease at £3,000 per annum. Offers around £85,000 plus SAV. Early viewing recommended at this bargain price
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1851 CHELTENHAM
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1899 WORCS
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1912 WEST MIDS
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1883 DERBYSHIRE
Turnover £200,000 projected. NHS items 1,750 per month. Double fronted corner shop on lease at low rental. Offers around £60,000 plus SAV
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1806 STOCKPORT
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1856 YORKSHIRE/LANCASHIRE BORDER
Turnover £243,912 @ 32.7%. NHS 2,000 items per month. Tenure freehold @ £35,000. Price for goodwill F&F £150,000
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1897 SHEFFIELD
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E2 MANCHESTER
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E3 LANCASHIRE
Freehold business, turnover £460,000 based on 5,500 items per month, business situated close to doctors. Price asked offers in excess of £250,000 for goodwill, fixtures and fittings plus freehold property at £67,000 plus stock at valuation approximately £48,000.

E4 WEST YORKSHIRE
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E6 LEICESTERSHIRE
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MID HANTS. Lock-up pharmacy. Annual turnover £330,000. NHS items 2,300 per month. 17 year lease. Rent £12,000 p.a. Owner retiring. Price £165,000 SAV. Ref. 02256

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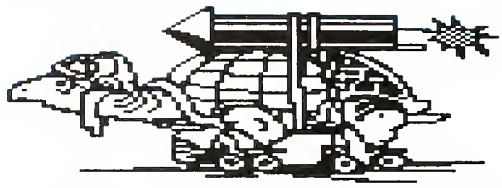

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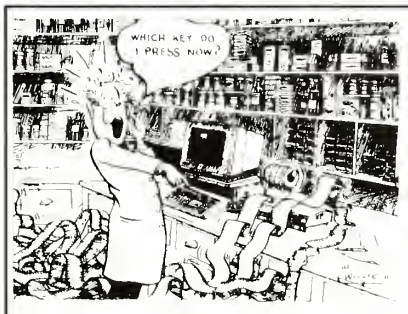

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Free entries in "Business Link" (maximum 30 words) are accepted at the discretion of the publishers and depend upon space being available. Send proposed wording to "Business Link", Chemist & Druggist, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW. Include your name, the full name and address of your pharmacy, or your personal registration number, and a day-time telephone number. Alternatively, leave the details on our answering service.

PHONE 24 HOURS ON 0732 359725

To: Business Link, Chemist & Druggist, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

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To be included under section heading .....

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About people

Coleman re-elected president

David Coleman has been re-elected as president of the Royal Pharmaceutical Society. Nicholas Wood was elected vice-president, and William Darling replaces David Sharpe as treasurer.

● David Allen, former vice-president of the Royal Pharmaceutical Society of Great Britain, has stood down as chairman of Redbridge and Waltham Forest LPC, a position he has held since 1979. Mr Allen said that he will not be standing down from the LPC and will continue to make his contribution to ensure that community pharmacy is not overlooked in the area. He said he will be able to make a greater contribution to the debate on pharmacy locally if he is not chairman of the LPC.

Chairman of the Cosmetic, Toiletry & Perfumery Association, Richard Bradley tells guests at the recent annual dinner of the Association's resolve to switch to non-animal testing of products as soon as valid alternative methods are available. During the evening CTPA members purchased £1,416 of tickets for a FRAME (Fund for Replacement of Animals in Medical Experiments) national raffle, with £2,000 worth of cash prizes donated by Smithkline Beecham Health & Personal Care. Some £700 was donated during the evening for FRAME

RPSGB names new Fellows

Four out of the six new Fellows of the Royal Pharmaceutical Society of Great Britain are community pharmacists.

Kenneth Larder, Sheffield; George Paisley, Coventry; Andrew Watson, Thornhill, Dumfriesshire; and Robert Wood, St Andrews, Fife, have been designated Fellows for distinction in the profession of pharmacy.

Industrial pharmacist Geoffrey Tovey, Harpenden, Herts, has been made a Fellow for distinction in the practice of pharmacy. And hospital pharmacist Thomas Lowther, Kirkcudbright has been designated for distinction in both the practice and profession of pharmacy. He originally registered with the PSNI.

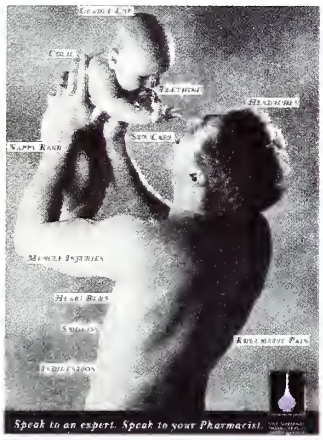
Allen Matthewson, a pharmacist from Ballymoney in Antrim, was the winner of a remote control television in a prize draw offering APS generic products through Sangers. He is pictured here receiving his prize from David Jackson (ethical buyer Sangers NI) and Kate Davenport (NI executive APS/Berk)

One man and a baby from the NPA

The latest advertisement in the NPA's "Speak to an expert. Speak to your pharmacist" campaign features a young father sharing a tender moment with his young baby. It is expected to appeal to both male and female audiences.

It replaces the "almost too good looking" man which was the least popular in the original series of four advertisements.

The advertisement made its debut in a May issue of *TV Times* and will be appearing in the June issues of *Good Housekeeping*, *Reader's Digest* and *She* magazines. The campaign resumes in the Autumn, with the new advertisement scheduled to appear in *Family Circle* (September, October), *Reader's Digest* (September), *Bella* (October) and *TV Times* (November).



The acrylic stand poster sent to NPA members this month, sponsored by Marion Merrell Dow, features the new advertisement.

● The London School of Pharmacy celebrated its 150th anniversary by building a studio pharmacy. Ray Todd, head of the NPA pharmacy planning department designed the typical mini-pharmacy, where students can experience the feel of a community pharmacy without leaving Brunswick Square.

The pharmacy was manufactured and installed by Crescent Installation Ltd, an approved NPA shopfitter specialising in quality pharmacy installations.

Percy's 'pick-me-up'

Seven Seas believe Coronation Street's Percy Sugden warmed the hearts of 18 million viewers of the June 1 episode when he recommended Seven Seas cod liver oil as a "pick-me-up" for his landlady Emily Bishop.

Unfortunately Emily will probably need something a little stronger than cod liver oil as it seems likely she is suffering from pre-senile dementia.

Seven Seas have made the most of the opportunity by placing advertisements in the national Press reading "Take Percy's advice, Mrs Bishop. Take good care of yourself with Seven Seas cod liver oil".

APOINTMENTS

Harry Groome, chairman of Smithkline Beecham's consumer brands business which is responsible for the marketing of Brylcreem, Horlicks, Ribena and Lucozade, has been elected to the board of directors of Smithkline Beecham. Prior to that he served as president of Smithkline Beecham.

AAH Pharmaceuticals have appointed **Lorraine Myers** as branch business development manager for the company's new Warrington branch.

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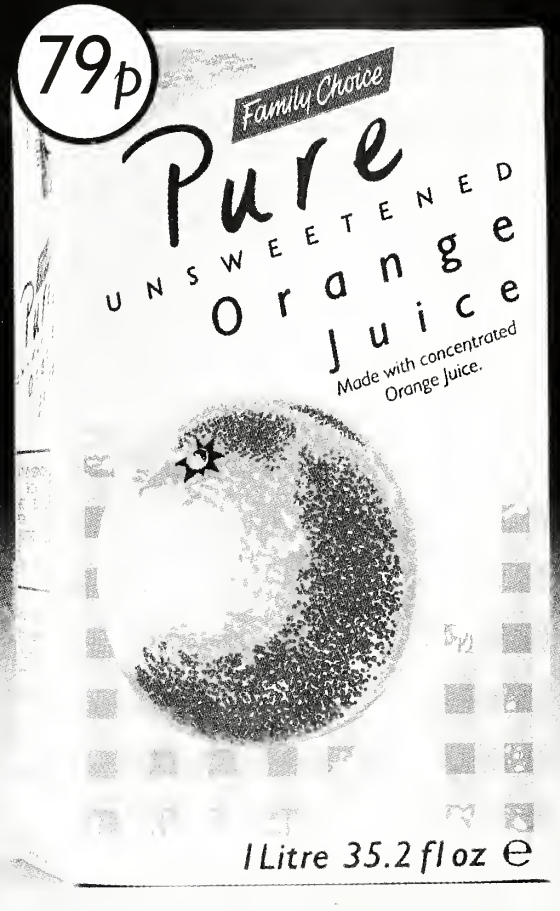
WITH OUR JUICE

YOU CAN SQUEEZE OUT

THE COMPETITION.



With own label Family Choice you're onto a winner. Not only do our competitive prices help you beat the leading brands, but they also give you more clout to take on the major multiples.

You can offer your customers high quality products at low prices and yet still maintain healthy margins.

What's more, our top selling lines are available with price mark or without, making Family Choice the unbeatable choice.

Family Choice

"Your first choice for great value"

BOOKER
CASH & CARRY

Tesco is the registered trade mark of Tesco Stores Ltd Product purchased in Tesco, Milton, Cambridge on 23rd March 1992

MILLIONS OF WOMEN HAVE THRUSH EVERY YEAR.

Now they can come directly to you.

Canesten 10% VC becomes the first treatment for thrush available over the counter.

* Single-dose vaginal cream successfully treats 91% of all women[1].

* Research shows most women are looking forward to the convenience of getting treatment without delay. Their enthusiasm is shared by 92% of your colleagues[2].

We at Bayer are determined to make Canesten 10% VC a major pharmacy success.

* Heavy investment into advertising in women's journals and TV – the first time ever in this product category.

* A complete range of educational materials both for consumers and your staff.

So make sure your stock is at an adequate level; and please contact us for a copy of the comprehensive Professional Guide and other educational materials designed for both your customers and staff.

Canesten® 10% VC
clotrimazole

If it's thrush, recommend Canesten.

PRODUCT INFORMATION

Presentation *Canesten 10% VC* is available as a single pre-filled applicator containing 5g of 10% clotrimazole vaginal cream. **Uses** Candidal vaginitis. **Dosage and Administration** *Adults* Insert the contents of the pre-filled applicator intravaginally, preferably at night. *Children* As this product is used with an applicator, paediatric usage is not recommended. **Contra-indications** Hypersensitivity to clotrimazole. **Side-effects** Rarely patients may experience local mild burning or irritation immediately after inserting the cream. Hypersensitivity reaction may occur. **Use in Pregnancy** In animal studies clotrimazole has not been associated with teratogenic effects but following oral administration of high doses to rats there was evidence of foetotoxicity. The relevance of this effect to topical application in humans is not known. However, clotrimazole has been used in pregnant patients for over a decade without attributable adverse effects. It is therefore recommended that clotrimazole should be used in pregnancy only when considered necessary by the clinician. If used during pregnancy extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Accidental Oral Ingestion** In the event, routine measures such as gastric lavage should be performed as soon as possible after ingestion. **Pharmaceutical Precautions** Do not store above 25°C. **Legal Category** P. **Retail Selling Price** £5.95 per 5g pre-filled applicator. **Product Licence Number** PL 0010/0136. **Date of Preparation** November 1988.

References: 1. Cohen L. *Curr Med Res Opin* 1985; **9** (8). 520-3. **2.** Taylor Nelson Research, 1991.

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